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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 em 2 C-D, File CERTIFICATE OF DEATH

10696

Reg. Dist. No. 302 . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O COUNTY o._STATE MARYLAND ashington Marvland b. CITY OR TOWN (If outside corporate limits, write RUR&L and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Days Hagerstown Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Wash Co ON A FARM? County Hospital YES NO NAME OF DECEASED First Middle 4. DATE Yeor ALLEN ANNA MAE (Type or print) DEATH September 18 1959 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Whi te Female WIDOWED | DIVORCED XX March 12 1880 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) V 212. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Bedington Berkley Own Home Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rosella Pearl Thomas LeDane 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Lawrence Glover Sunrise Drive No None Maugansville 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (oChronic congestive heart failure vears arteriosclerotic, hypertensive and rheumatic heart disease years Conditions, if ony, which unknown gave rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED .. YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stote) Hour o. m. foctory, street, office bldg., etc.) While Not while of work of work ta Sept. 18 1959 that I last saw the deceased 21. I certify that I attended the deceased from Sept. 19.59___, and that death accurred at 8:20A M, from the causes and an the date stated above ADDRESS (Street, city or town, stote) ACTUAL M.D. 100 Professional Arts Bldg. PHYSICIAN'S William T. Layman Maryland Hagerstown 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION. 22d. LOCATION (City, town, or county) REMOVAL (Specify) Spring Mills Cemetery Falling Waters Berk 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE P 2 5 '59 Citing & King Andrew K. Coffman Hagerstown Md.

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	PLACE OF DEATH				2. USUAL RESIDENCE (V	Vhere dece	ased lived. If institution:	Residence b	efore adn	nission)
	o. COUNTY Washing	ton		MARYLAND	Maryland	T	Vashing ton			
	b. CITY OR TOWN III	outside corporate limits,	write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	Hager	stown		35 Yrs	03 Hagerstown					
			V (If not in ho	ospital, give street address)	d. STREET ADDRESS	2000			e. IS I	RESIDENCE
		et Ave			725 Su	nset	Ave		ON	A FARM?
3.	NAME OF DECEASED		First	Middle	Lost	4. DATE	Month	Do	у	Yeor
	(Type ar print)	HOMER		CLEVELAND	AMOS	OF DEATH	Septembe	r 26	5	1959
5.	SEX	6. COLOR OR RA	CE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years IFU	INDER TYEAR		DER 24 HRS.
	Male	White	WIDOWI	ED XX DIVORCED	May 5 1887		72 yrs. Mo	nths Days	Hours	Min.
10c	. USUAL OCCUPATIO	N (Give kind of we	rk done 10b.	KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Stole	or foreign		2. CITIZEN	OF WHAT	COUNTRY?
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13.	FATHER'S NAME				14. MOTHER'S MAIDEN N				-	
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15.	WAS DECEASED EVE	R IN U. S. ARMED		SOCIAL SECURITY NO. 17. 1	NFORMANT		Address			
7	les	(II yes, give wor or dole		17-32-5625	Andrew A. A	Amos	1025 Rose	Hill	Av	e
	18. CAUSE OF DEAT	H [Enter anly one	cause per line	far (o), (b), and (c).]	Hagers			INT	ERVAL BETW	VEEN
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	(a), stating the vi	nderlying	(c)							
2	PART II. OTHE	ER SIGNIFICANT CO		ONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIVEN II	N PART I(o)	19. WAS	AUTOPSY
ATK									PERFO	ORMED?
IFIC	200. EXTERNAL CAUS	SE WAS	20b. DESCRIB	BE HOW INJURY OCCURRED. (E	nler noture of injury in Part	Lor Part II	Lof item 18)		152	NO Z
CERTIFICATION	PRIMARY OF OF CON	TRIBUTING []				1011011	or right vo.)			
MEDICAL	20c. TIME OF INJURY	Month, Day,			CE OF INJURY (Home, form	20f. (Cit	y or town)	(County)		(Stole)
MED	Haur a.m. p.m.		19 of w	le Nat while Facili	ory, street, affice bldg., etc.)					
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	ACTUAL SIGNATURE	1. Il	10	100 7	CHIEF MEDICAL EX	AMINER [DATE S	SIGNED
	SIGNATURE Z			1	M.D. CHIEF MEDICAL EX			91	/_	
	EXAMINER'S NAME (Type)	REI	NIT	1770 m	DEPUTY MEDICAL E		,	/-	15/3	9
220	BURIAL, CREMATION	1, 226. DATE THE	REOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCA	TION (City, town, or cou	unity)	(Slot	•)
	Burial	9/29/59	9	Rest Haven C		2.7	rstown Was		Md	
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		BY REGIST			IRE	
	Andrew F	C. Coffr	nan Ha	gerstown Md.	DATE O	CT 2	59 Cuth	in S. the	acce	

VS. A15ME SM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTHORE TO

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TO HOSPITAL

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10714

CERTIFICATE OF DEATH

10700

Reg. Dist. No.

HAUERSTO	outside corporate limits, write	c. LENGTH OF STAY IN 16	C CITY OF TOWN (IF					
		14 14 14 14 14 14 14 14 14 14 14 14 14 1	03 HAGERS		ate limits, write R	URAL and give s	nearest town	л)
MADUTINGIO	N COUNTY HO		d. STREET ADDRESS	R ST.				FARM?
NAME OF DECEASED (Type or print)	NORMAN First	JACOB	BOWERS	4. DATE OF DEATH	SEPT.		29	Year 19 59
MALE		RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 12/8/187	4	9. AGE (In years lost birthday)	Months Day	AR IF UNDI	ER 24 HRS. Min.
RETTRED T		E. KIND OF BUSINESS OR INDUTENANT FARM		or foreign co	untry)	12. CITIZEN	S. A.	OUNTRY?
GEORGE	BOWERS		14. MOTHER'S MAIDEN SUSAN	BAKER				
	IN U. S. ARMED FORCES? If yes, give war or dates of service)		INFORMANT RS. MILDRED	MORR		AGERST MD	-	
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Bei	nija pras					VEN IN PART 1(0	PERFC	RMED?
20c. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY I 20c. TIME OF INJURY Hour o.m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) Month, Doy, Year 20d. While		ED. (Enter noture of injury in LACE OF INJURY (Home, for octory, street, office bldg., et	m, 20f. (City		(Count	'y)	(Stote)
21. I certify the alive on Segmental SIGNATURE PHYSICIAN'S	Pual Cw.	ased from Sept. I, and that deat	h accurred at 9	M, fram I	the causes an reet, city or town, acton St	nd an the do	ite stated	deceased d abave TE SIGNED
NAME (Type) Hat	Nard W. Ditt	22c. NAME OF CEMETERY OF MANOR CHU	Hagersto or crematory RCH CEM.		Inryland		9/30 (Sto	/59- te)

ATTABLE OR THE CADENTAL OF THE STATE HOTELSHEAR WAS ARRESTED TO A TOTAL WE THE REAL PROPERTY AND ASSESSED AND ASSESSED ASSESSED. A CRITATION OF THE RESERVE TO A STATE OF THE CITAR MANUEL STATE THAT THE RESIDENCE ASSOCIATION OF THE PARTY OF THE ELLY NORTH The state of the s 1 등 전 경기 시크 및 보고 1 등 전략적 및 1 등 1 등 1 Satur of

CERTIFICATE OF DEATH 10715 Rea. Dist. No director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE filed b. COUNTY MARYLAND ASHINGTON ASHINGTON b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) P +ACLEPSTO WA ARRAMS (GUIR) d. NAME OF HOSPITAL (If not in hospital, give street address) /d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? VASH MOVVI YES TO NO TO .5 3. NAME OF 4. DATE First Middle Last Month Day Yeor DECEASED (Type or print) DEATH PTEMBER 1959 9. AGE (In years last birthday) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? ARROWS BURG 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COL physicio ADO 9 IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ottending CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ₽ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which (b) gave rise to immediate DUE TO couse (o), stoting the under-Carcha Vascular lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) factory, street, affice bldg., etc. a. m. While Nat while at work at work 21. I certify that I attended the deceased fram. 192-7, that I last saw the deceased and that death accurred at 4 M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page REMOVAL (Specify) CEMETERY 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR VS A15 (4) 15M 9/55 MONSBORO DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou

TO FUNERAL D TO HOSPITAL

VS A15 (4) 15M 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10702

CERTIFICATE OF DEATH 10763

Reg. Dist. No.

	Washingt	on		MARYLAN	a. STATE	vlance (Wh	_	l lived. If institution b. COUNTY		ce before ad	missian)
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	NAME OF DECEASED Type or print)	First WARREN	SOI	Middle NOMOL	CLOUS	TON	4. DATE OF DEATH	Sept 1	9 19	59 ^{Doy}	Year 19
S. 5	EX	6. COLOR OR RACE 7		EVER MARRIED				9. AGE (In years last birthday)		I YEAR IF U	NDER 24 HRS.
	Male	9975	IDOWED XX	DIVORCED [13 19	808	51 yrs.	Manths	Days Ha	urs Min,
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13.	FATHER'S NAME				14. MOTHER			00		0 02.	
3	Hugh	Clouston				Nand	ev Ph	illips			
15.	WAS DECEASED EVER	IN U. S. ARMED FORCE		ECURITY NO. 1	7. INFORMANT			Add	ress		
(16:	Yes W	W. 2 Navy		3-9090	Mrs Eva	Ride	enour	652 No	Pro	spect	St
	18. CAUSE OF DEA	TH [Enter anly one cause	per line far (a),	(b), and (c).]	11	agera	stown	Ma.		INTERVA	L BETWEEN
18	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Civis	MOCONTA	correta	gerse				UNSEL	ND DEATH
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	cause (a), stating t lying cause last.	(c)_									
Z	PART II. OTH	ER SIGNIFICANT CONDIT	TIONS CONTRIBU	TING TO DEATH	BUT NOT RELATED T	O THE TERMI	NAL DISEASI	CONDITION GIV	EN IN PAR	T 1(a) 19. W	AS AUTOPSY
ATIO											RFORMED?
CERTIFICATION	20g. ACCIDENT WA	UNDERLYING 20	b. DESCRIBE HO	W INJURY OCCU	RRED. (Enter nature	af injury in f	Part I ar Part	II of item 18.)			
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJURY Hour a. m.	Month, Day, Year	20d. INJURY O		PLACE OF INJURY factory, street, affi	(Hame, form	, 20f. (City	ar tawn)	(0	County)	(State)
MED	p. m.	19	While Nat	while wark	incompanies, and	f blog., cic.					
	21. I certify (the	at I attended the d	eceased fram	, Jewil	6 , 195	1, ta de	7/4/7	199	,that I	last saw t	he deceased
	alive an	14971	19 7	and that de	ath accurred a	J 30,	M, fran	the causes	and an tl	he date s	tated abave.
	II.	a VINIA					ADDRESS (SI	reet, city ar tawn,	state)		DATE SIGNED
	ACTUAL SIGNATURE	y Mysel	llan		_м.в. 159	W. Was	shingt	on St. H	agers	town,	Md. 9/19
	PHYSICIAN'S	1		37. 5							
	NAME (Type)	Philip J. Hi	irshman,	M.D.							
	BURIAL, CREMATION	, 22b. DATE THEREOF	22c. NA	AME OF CEMETER	Y OR CREMATORY		22d. LOCAT	ION (City, tawn,	ar county)	(State)
	Burial	9/21/59	Long	Meador	vs Cemet	erv	Para	mount W	a.sh	Co Md	
	FUNERAL DIRECTOR'S		ADI	DRESS		24a. REC'I	D BY REGIST		STRAR'S SIC	GNATURE	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10716 CERTIFICATE OF DEATH

10704 Reg. Dist. No. 302

1. PLACE OF DEATH o. COUNTY Washing	ton		MARYL	AND	a STATE	Maryla	_	d lived. If institution b. COUNTY	on: Residence Washi	e befor	e admiss	sion)
b. CITY OR TOWN (III RURAL ond give ne Hagersto	f outside corporate limi arest town)	ts, write	c. LENGTH OF STAY II		gins,	TOWN (If o		rote limits, write R	URAL and gi	ive near	rest town	n)
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, g				d. STREET	9		reet				FARM?
3. NAME OF DECEASED (Type or print)	ALBERT	st	Middle NELSON		DEAL	rs†	4. DATE OF DEATH	Mon Septer		Doy 2	77	Yeor 19 59
5. SEX male	6. COLOR OR RACE	7. MARR	NEVER MARRIED DIVORCED		June 20			9. AGE (In years lost birthday) 57 yrs.	Months I	YEAR Days	_	
10a. USUAL OCCUPATIO during most of work Roundhouse 1	ing life, even if refired		kind of Business or Railroad		TRY 11. BIRTHP	ington	or foreign co			S.A		COUNTRY
15. WAS DECEASED EVER			SOCIAL SECURITY NO.	17. IN	Ma:	ry Byr	nes	Add	ress			
(Yes, no, or unknown) (If yes, give war or dates of s	ervice) 7	05-10-5958	Mr	s. Paul:	ine De	al	Hager	stown,	Ma	ryla	and
Conditions, if or gove rise to in couse (o), stoling t lying couse lost.	ny, which (but in mediate) he under-	Car	eralized Ca	tate						1	Mo.	
200. ACCIDENT WAS	S UNDERLYING []		CONTRIBUTING TO DEAT						EN IN PART	1(0) 19	PERFO	AUTOPSY PRMED? NO 🔼
	MEDICAL EXAMINER) Y Month, Day, Yeo	or 20d. In While of worl	Nat while	20e. PLA foci	CE OF INJURY ory, street, office	(Home, form, e bldg., etc.	20f. (City	or town)	(Co	ounty)		(Stote)
actual SIGNATURE	J. G. Warde) (a) on, M	and that o	death	832 Pot	2:45	AMfram ADDRESS (Shi	Hagersto	own, Me	d.	e state	ed abave ATE SIGNED
23 SUNERAL DIRECTOR'S							Hage:		STRAR'S SIGN	NATURI	aryl	and

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Page director with the with th	1. PLACE OF DEATH o. COUNTY Washington MARYLANE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md • b. COUNTY Wash •
death. uneral Id be f	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Hagerstown 43 years	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Hagerstown
by the fd 2 show	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Washington County Hospital	d. street appress Prospect St. e. is residence on a farm?
n 24 hai illed in jes 1 an	3. NAME OF First Middle (Type or print) Maude	Deavers 4. DATE Sept. 19 Doy Year 59
d within	5. SEX female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Comb OI 3 OOI last kirthday) Manths Days Hours Min
and coming of death	10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired) **Retired** **Note1**	DUSTRY 11. BIRTHPLACE (State or foreign country) Brunswick, Md.
ician ar	13. FATHER'S NAME Edward Rockwell	14. MOTHER'S MAIDEN NAME Josephine Detrick
certific ng phys remay 72 hau	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no, or unknown) (If yes, give war or dates of service) 212–14–7590	Walter A. Deavers, Hagerstown, Md.
attendi n pleas	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Can constant to the constant of the constant o
that the by the it. The it event	DUE TO Canditions, if any, which) (b) Carrier	d breat 2 grt
signed it perm	gave rise to immediate	· Dereva of the Bresst)
physicio as been ial-trans aval, ar	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 1
MAN: The ending ficate has burners ar rem	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUP OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I ar Part II af item 18.)
PHYSICI il ar atti nis certit use as ematian,	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. Haur a. m. p. m. 19 While Nat while of work of work	PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)
hospito After thed far rial, cre	21. I certify that I attended the deceased from Nov 1	J. 1954, to Syst. 19, 1959 that I last saw the deceased on the date stated obove
ATTEN by the CTOR: e detac ir ta bu	ACTUAL & & P. V. A	ADDRESS (Street, city or town, state) DATE SIGNED
AL Dr.K hould b	PHYSICIAN'S L. L. PACKER	Hrandom Mi
HOSPIT Tay be r FUNER, age 3 st age 3 st	22a. BURIAL, CREMATION, 22b. DATE THEREOF PERMOVAL (Specify) 9-21-59 Rest Haven	
5 5 0 = 0	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
VS A1S (4)	Scott F. Minnich & Son, Hagersto	

VS A15 (4) 1SM 9/S8

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10718 **CERTIFICATE OF DEATH**

Reg.	Dist.	No.

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	No.

O HOSPITAL CANTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haur. For death. Page 4 may be retail. By the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please control popers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, or remaval, and in any event with 72 hours after death.

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	A1S (4) A 9/SB	
		6,

1.	PLACE OF DEATH			44.40	rland	2. USUAL RESIDE	NCE (Whe	ere decease		institutio	n: Residence	before odn	nission)
L	was	hington				ma	7,01	ind			alles	Thai	24
Г	b. CITY OR TOWN (II RURAL ond give ne	f outside corporate limit	s, write	c. LENGTH OF STAY	IN 16	c. CITY OR TO				write RL	RAL ond giv	re nearest to	OVOY)
L	Hager	STOWN		20 mos	5.	CUN	rber	land	7	0	102	. 2	
H	d. NAME OF HOSPIT.	AL (If not in hospital, g	ive street o	oddress)		d. STREET AD	DRESS					e. IS	RESIDENCE A FARM?
1		maryland	Sta	te HOSPIT	401	apt.38	Fre	deri	ck s	it.			□ NO D
3.	NAME OF DECEASED (Type or print)	Cha	rles	Paul	£	dmond.	ON	4. DATE OF DEATH		Mont So	1	Day 5	Year 19:59
S.	. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED T	B. DATE OF BIRTH			9. AGE (I	n years	IF UNDER 1	YEAR IF UN	DER 24 HRS.
	male	A A	WIDOWE			5ept, 20	1191	2	lost birt	hdoy) yrs.	Months D	oys Hou	rs Min.
10	00. USUAL OCCUPATION	ON (Give kind of work of	lone 10b.	KIND OF BUSINESS				or foreign c	ountry)		12. CITIZE	N OF WHA	T COUNTRY?
	NON	king life, even if retired)				mi	114/	and			2/	.5.	
13	3. FATHER'S NAME					14. MOTHER'S A					· ·		
	060	rles Edm	2000	lenal		ma	2	Fie la	10				
19	s. WAS DECEASED EVE			SOCIAL SECURITY NO	11	NEORMANT	9	14/6		Addre	ess		
	Yes, no, or unknown)	(If yes, give war or dates of se	rvice)			acceptator	hina	toN1	air L		Fam	0	
_	NO					arywas	111119	10.00	J13 7E	15/ 1	y corre		
		TH [Enter only one co			•				,				BETWEEN ND DEATH
	PART I. DEA	TH WAS CAUSED BY:	131	TONChopi	VEU	movia	bil	ate	ral			130	1045
	020.1	DUE TO				,						1 1 1 1	0
	Conditions, if or	ny, which) (b)	NE	UROSUDI	bili	, CONG	PNI-	tal				46	UPCVS
	gove rise to it	mmediate (3/		0							70-0
	lying couse lost.	the <u>under-</u>											
Z		(c) TER SIGNIFICANT CONI		ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	HE TERMIN	VAL DISEAS	E CONDITI	ION GIV	N IN PART 1	1(a) 19. W	S AUTOPSY
CATION		TER SIGNIFICANT CON	71110143 <u>C</u>	ONTRIBOTINO TO DE	AIII	NOT KEEPIED TO	TIE TERMIN	ANE DISENS	CONDIN	011	IN II I AKI	PER	REORMED?
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CEPTIFI		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY C	CCORKEL). (Enter noture of	injury in P	orr I or For	T II OF ITEM	16.)			
CAL	20c. TIME OF INJUR	Y Month, Doy, Yea	r 20d. IN	JURY OCCURRED		CE OF INJURY (H			or town)		(Co	unty)	(Stote)
MEDI	Hour o.m.	19	While of work	Not while	foc	tory, street, office	oldg., etc.)						
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		at I attended the						198					
	alive an_Se	pt. 5	_, 12_	59_, and that	death	accurred at_						date stat	ed abave.
			1				A	ADDRESS (S	treet, city o	or town,	itote)	D	ATE SIGNED
	SIGNATURE ZL	eter L.	Ral	mus;	/	M.D. ZWest	in	mai	ylan	1457	fate /h	يري	ept.5,19
	Bully at St. 1 at 10		-										
	PHYSICIAN'S NAME (Type)	ICTOR L.	Ka	m05, m.	.0.	Hag	orsh	www,	mai	14/	and		
2	20 BURIAL, CREMATIO	N, 22b. DATE THEREO		22c. NAME OF CEM		CREMATORY	T	22d. LOCA	TION (City,	, town, o	r county)	(9	tote)
	BREMOVAL (Specty)			Woodlawn							Mary		
23	MINERAL DIRECTOR	1 7 7 7 7		APPRESS /	- 41		A- DECID	BY REGIS			TRAR'S SIGN		
1	I all Director	1 1 1		1 1	0	0/0							
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

16719 CERTIFICATE OF DEATH

10707

40413				Reg. Dist. No.
1. PLACE OF DEATH 0. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where do state Maryland	eceased lived. If institution	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagers town	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside		URAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION Wash County Hospi		d. STREET ADDRESS	onial Dri	ve e. IS RESIDENT ON A FARM YES \(\) NO
3. NAME OF DECEASED (Type or print) HARRY	Middle CAMERON		DATE Mont	
Male White widowi		B. DATE OF BIRTH NOV 28 1892	last birthdoy) 66 yrs.	Months Days Hours M
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber,	Retired	STRY 11. BIRTHPLACE (Stole or for		12. CITIZEN OF WHAT COU
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Joseph Elgin		Fannie Mo	ore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		nformant Cameron E. Elg	gin 1032 S	
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	A 2 + e 2 i c	Scleribi /	part des	INTERVAL BETWEE
Conditions, if any, which gave rise to immediate cause (a), stating the under	15 myhy	uma		10 ym
lying cause last. (c)	3 runchiel	asthoma		142
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	DISEASE CONDITION GIV	EN IN PART 1(0) 19. WAS AUTO PERFORMED YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part 1	ar Part II of item 18.)	
Haur a.m. While		ACE OF INJURY (Home, farm, 20 ctary, street, affice bldg., etc.)	f. (City ar tawn)	(County) (S
21. I certify that I attended the decease	ed from //n	19 55 to Seid	1/9 1055	that I last saw the door
alive an 19 19 19		occurred at GiloPM		nd on the date stated al
ACTUAL SIGNATURE	Hoadland	M.D. //5 /2	- 10-625	Ide) DATE SI
PHYSICIAN'S / din &	Hoachle	2/1/	29271	w. not
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		LOCATION (City, town, o	r county) (State)
Burial 9/22/59		Semetery	Hagerstown	Wash Co Md.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY	REGISTRAR 24b. REGIS	TRAR'S SIGNATURE
Andrew K. Coffman Has	M	d. SEP 2	5 '59	72. a 8 4

NAME AND ADDRESS OF THE OWNER.		TANDA O		
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CERTIFICATE OF DEATH

10720

10708 Reg. Dist. No.

			- 2 - 1								
	1. PLACE OF DEATH o. COUNTY	ASHINGTON		MARYLANI	O STATE	ESIDENCE (WH		d lived. If instituti b. COUNTY	on: Residence b	refore admi: GTON	ssian)
	b. CITY OR TOWN (III RURAL and give no HAGERS	outside corporate limit arest tawn) TOWN		O YRS.		OR TOWN (IF O		rote limits, write R			wn)
	d. NAME OF HOSPIT OR INSTITUTION WASHING TO	AL (If not in hospitol, gi		L		TADDRESS JNN IR	VIN I	DRIVE		ON	ESIDENCE A FARM?
	3. NAME OF DECEASED (Type ar print)	CHARLES	it	Middle JONAS	}	Last FLOOK	4. DATE OF DEATH	SEPT.		Doy 15	Year 19 59
	5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED X N	DIVORCED		IRTH 10/188	6	9. AGE (In years lost birthday) 7 3/rs.	Months Do		
1	10a. USUAL OCCUPATIO during most of work	N (Give kind of work of ing life, even if retired)			14. MOTHE	MARYLA	IAME	-		.S.A	
1	15. WAS DECEASED EVER	T. FLOOK RIN U. S. ARMED FORE If yes, give war or dates of se	CES? 16. SOCIAL S	ECURITY NO.	INFORMANT MRS. C.	NA SHO LARA S		AHA	AGERST	OWN	
)	PART I. DEA 153.8 Canditions, if ar gove rise to it cause (o), storing lying cause last. PART II. OTH Arter	n mediate DUE TO (c) ER SIGNIFICANT CONI	Adenoca obstr	rcinoma uction	BUT NOT RELATED	TO THE TERMI	NAL DISEAS	E CONDITION GIV	tinal	PERF	OWN.
	20c. TIME OF INJUR Hour o. m. p. m.			CCURRED 20e.	PLACE OF INJUR foctory, street, o			or town)	(Cour	ıty)	(State
1	21. I certify the alive an	of I attended the September ASK Or. B. B.	deceased from	, and mar dec	м.в.1.48	West '	M, from ADDRESS (S Washi	15 19.5 the causes ar treet, city or town, meton S	stote)	are state	ATE SIGNE
	220. BURIAL, CREMATIO REPOYAL (Specify)	9/18/5	59 F	AME OF CEMETER			HAC	TION (City, town, GERSTOW)	V	MD.	ote)
	23. FUNERAL DIRECTOR	SIGNATURE	- Harry	DRESS /	174		BY REGIST		STRAR'S SIGNA	4 .	

er death. Page 4 the funeral director, shauld be filed with M

TRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, I be detached far use as the burial-tronsit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with crematian, ar remayal, and in any event within 72 haurs after death. page 3 shauld be detached far use as the burial-tronsit permit. the registrar priar ta burial,

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou

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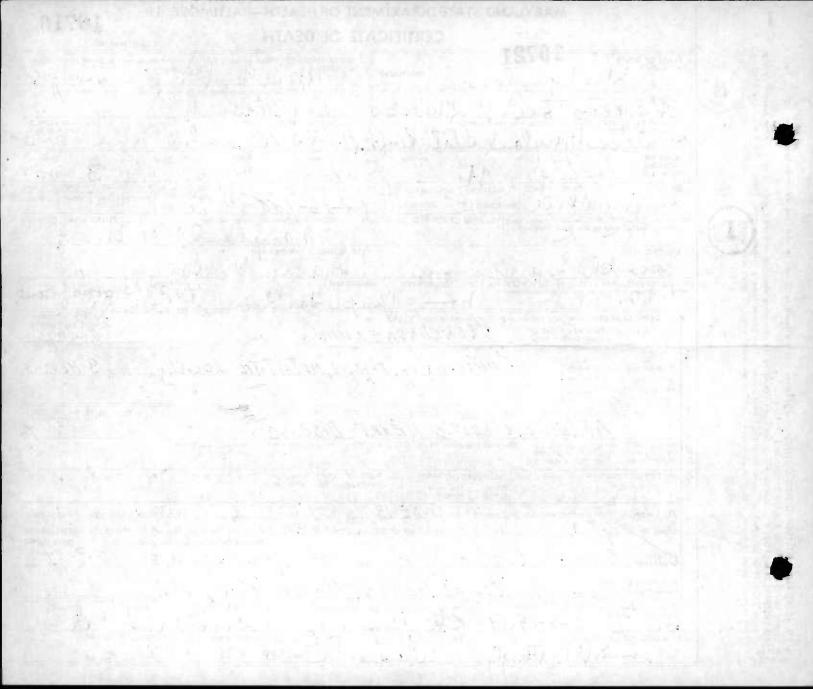
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10710

1000	CERTIFICAT	TE OF DEATH	Reg. Dist. N	o.
1. PLACE OF DEATH o. COUNTY	MARYLAND 2	2. USUAL RESIDENCE (Where deceased li	yed. If institution: Residence be b. COUNTY	fore odmission)
b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) d. NAME OF HØSPITAL (If not in haspital, give street oddress), OR INSULUTION	TH OF STAY IN 16	c. CITY OR TOWN (If or Iside corporate and C	e limits, write RURAL and give n	e. IS RESIDENCE ON A FARM? YES NO [2]
3. NAME OF DECEASED (Type or print) DELLA	Middle FO	Lost 4. DATE OF BIRTH 9.	1 4 1 741 1 1	Name of the second seco
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF during most of working life, even if retired)	DIVORCED	17 11. BIRTHPLACE (Stote or foreign coun	Jost birthdoy) Months Days htry) 12. CITIZEN (Hours Min. DE WHAT COUNTRY?
13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ST (Yes, n), or ultinown) (If yes, give war or dates of service)	-W	14. MOTHER'S MAIDEN NAME ORMANT Abb Jan	Jan Brown	ha Drin
18. CAUSE OF DEATH [Enter only one couse per line for (o), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the under- lying cause last. (c)	101	MONIA MOID, METASTATIC L	Or	TERVAL BETWEEN USET AND DEATH AND SET WEEN SET AND DEATH AND SET WEEN SET AND DEATH AND SET WEEN SET AND DEATH AND SET WEEN SET AND DEATH AND SET AND
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE ARTERIOS CIEROTT	IC HEART	OT RELATED TO THE TERMINAL DISEASE OF DISEASE OF CONTROL OF CONTRO		19. WAS AUTOPSY PERFORMED? YES NO
		E OF INJURY (Hame, farm, ry, street, office bldg., etc.)	r town) (County	y) (Stote)
21. I certify that I attended the deceased fram alive an SEPT. 3, 1959, ACTUAL SIGNATURE CARACTER R. SANDER PHYSICIAN'S FUARISTO R. LANDER MAME (Type) FUARISTO R. LANDER MAME (Type)	and that death a		e causes and an the da et, city or town, state)	
18 9-6-959 8	ME OF CEMETERY OR C	CREMATORY 22d. LOCATIO	ON (City, town, or county)	(State)
23. FUNERA) DIRECTOR'S SIGNATURE ADD	wess 191-11	24a. REC'D BY REGISTRA DATE SEP 8 '59	246. REGISTRAR'S SIGNAT	



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LUFAU ltem (3 111mg240 9=1	0-77 86	K	reg. Dist. No.
1. PLACE OF DEATH a. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who of STATE Maryland	ere deceosed lived. If institution: b. COUNTY	Residence before admission) Vashington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		utside carporote limits, write RUR	
Hagerstown	13 days		Ridge Summit Pa	
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION Western Martland Chronic 1		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO 🔀
3. NAME OF DECEASED (Type or print) EVALYN L	UCRETA +	RAZER	4. DATE OF SEPTEM	Day Yeor 19 59
S. SEX 6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOW	ED DIVORCED	7/22/4/ 188	70 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind af work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS			12. CITIZEN OF WHAT COUNTRY?
House Wife			ille Ohio	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
Henry Myers		Margaret		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	NFORMANT	Address	s
no	M	rs. Dorothy Mo	Cleaf, Blue Ric	ige Summit Pa.
1B. CAUSE OF DEATH [Enter anly one cause per li	ne for (o), (b), and (c)-]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(LRENIA			ONSET AND DEATH
6000 DUE TO D) , ,	, ,		
Conditions if any which)	18/01/90/121	ti:		UN RUBIURI
gave rise to immediate cause (o), stating the under-	0.000	7.43		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
13 12 non clairetasis 1	HYDEP-TENIOUE	CARdio-VA	ienlen AISEASE	YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS OF THE PROPERTY OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in I	Port I or Port II of item 18.)	
20c. TIME OF INJURY Manth, Doy, Year 20d. I Haur o. m. While p. m. 19 of wor		ACE OF INJURY (Hame, farm		(County) (Stote)
Haur o. m. While of wor	IIOI WIIIIE	ctary, street, office bldg., etc.	-)	
21. I certify that I attended the deceas	150000	8 , 1959 , to SE	of 10 1959 th	at I last saw the deceased
alive on SEPT 9 193	g and that death	accurred at 15 40 10		an the date stated above
6 - 1			ADDRESS (Street, city or town, sto	
SIGNATURE Merainte Re Lan	dispol!	M.D. 1500 /2101	YSO WANIA AV.	E 9-10-59
PHYSICIAN'S EVARISTO R.	LARdizABAL	HAGELST	town Md	
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or	county) (State)
REMOVAL (Specify) Burial 9/13/59	Broadford	ing	Hagerstown #5	, Washington Md.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'	D BY REGISTRAR 24b. REGISTR	RAR'S SIGNATURE
'Malter 71 Same	1/2000	DATE SE	P 1 4 '59 Cut	my S. Kraus

fired with director, ian and campletely filled in by the funeral carban papers. Pages 1 and 2 shauld be to after death. requires that the death certificate be executed attending physician After this certificate has been signed by the as the burial-transit detached far use

may be retain the TO FUNERAL DIRECTOR: page 3 shauld be the registrar VS A1S (4) 1SM 9/SB

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VS A15 (4) 1SM 9/S8

MARYLAND :	STATE DEPARTMEN	OF HEALTH—BALTIMORE, 1	8
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10724 CERTIFICATE OF DEATH

		TO	6	-
Reg.	Dist.	No.		

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) ### Hagerstown ### Augerstown ### Hagerstown ### Augerstown ### Augersto	1. PLACE OF DEATH a. COUNTY	Washingto	on	MARYLAN		USUAL RESID a. STATE		ere deceased	l lived. If instituti b. COUNTY		,	re admiss	ian)
d. NAME OF HOSPITAL (If not in happile, give street address) Name of Hospital Neglie Co. Hospital Nellie Laura Harvey S. SEX No. Marker Nellie Laura No. Middle Harvey Nellie Laura No. ARRED Nellie Laura Harvey No. ARRED No. ARRED No. COLOR OF RACK No. Month Nellie Laura Harvey No. ARRED No. COLOR OF RACK No. Month Nellie Laura Harvey No. ARRED No. COLOR OF RACK No. Month No. Doy Year 19. 59 S. SEX Female No. COLOR OF RACK No. Month No.	RURAL and give ne	arest tawn)	its, write		1b	2			rate limits, write F	URAL and	give ne	rest town	1)
1. Dearly Note 1. D	d. NAME OF HOSPIT. OR INSTITUTION	AL (If nat in haspital, g				d. STREET AD	DRESS					ON A	FARM?
5. SEX 6. COLOR OR RACE 7. MARRIED [NIVER MARRIED 8. DATE OF BIRTH female white white white who could be designed and of work done of the could during most of working give wind if white home 100. USUAL OCCUPATION (give kind of work done of the could during most of working give won if white of home home 114. MOTHER'S MAIDEN NAME Abe Harsh 115. WAS DECEASEDEVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 117. MOTHER'S MAIDEN NAME Abe Harsh 118. CAUSE OF DEATH [Enter only one course per line for (e), (b), and (c).] 119. PART I. DEATH WAS CAUSED BY: 119. CAUSE IN SOCIAL SECURITY NO. 119. PART I. DEATH WAS CAUSED BY: 119. PART I. DEATH RESONIFICANT CONDITIONS CONTISSIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.G. 120. CANCEDENT WAS UNDERLYING. 121. Learning that I allended the deceased from the work of white 122. I. Learning that I allended the deceased from the work of white 122. I. Learning that I allended the deceased from the work of work in the causes and an the date stated doawe ADDRESS (Sitee), city or town, state) 122. I. Learning that I allended the deceased from the work of work in the causes and an the date stated doawe ADDRESS (Sitee), city or town, state) 120. PART II. OF ARROLL TOWN, Interest that I allended the deceased from the work of work in the causes and an the date stated doawe ADDRESS (Sitee), city or town, state) 122. I. Learning that I allended the deceased from the part of work in the causes and an the date stated doawe ADDRESS (Sitee), city or town, state) 123. PART II. OF ARROLL TOWN, Interest that I allended the deceased from the causes and an the date stated doawe ADDRESS (Sitee), city or town, state) 123. Learning that I allended the deceased from the causes and an the date stated doawe ADDRESS (Sitee), city or town, state) 1246. RECORD BY REGISTRAN (SIONATURE) 125. PART II. OF ARROLL TOWN, Interest the part of the work in the causes and an the date stated doawe ADDRESS (Sitee), city or town, state of the work in the part of the work in the c	3. NAME OF DECEASED	Fic	rst		И			OF		nth		'	
Description	5. SEX	6. COLOR OR RACE	7. MAR	RIED KNEVER MARRIED	8. D				9. AGE (In years		RIYEAR	IF UNDE	ER 24 HRS.
Thomas, W. Va. 13. FATHER'S NAME Abe Harsh 15. WAS DECASED EVER IN U. S. ARMED FORCES? Inc. SOCIAL SECURITY NO. INFORMANT NO 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate couse (a), stating the under living couse (b). stating the under living couse (c). PART II. OTHER'S SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I II.O) 19. WAS AUTOPEY PERFORMED? PART II. OTHER'S SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I II.O) 19. WAS AUTOPEY PERFORMED? PART II. OTHER'S SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I II.O) 19. WAS AUTOPEY PERFORMED? PART II. OTHER'S SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I II.O) 19. WAS AUTOPEY PERFORMED? PART II. OTHER'S SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I II.O) 19. WAS AUTOPEY PERFORMED? PART II. OTHER'S SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I II.O) 19. WAS AUTOPEY PERFORMED? PART II. OTHER'S SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I II.O) 19. WAS AUTOPEY PERFORMED? PART II. OTHER'S SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I II.O) 19. WAS AUTOPEY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I II.O) 19. WAS AUTOPEY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I II.O) 19. WAS AUTOPEY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONT					- 13.1	ig. 26,	191	2	TI		54/5		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Mrs. Betty Doub Hagerstown, Md.	during most of work Houses	N (Give kind af wark ing life, even if retired vife	dane 10b.		NDUSTRY					12. CI1			OUNTRY?
S. WAS DECEASEDEER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 16. SOCIAL SECURITY NO. 220—30—8166 Mrs. Betty Doub Hagerstown, Md.		Harsh			14	. MOTHER'S							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)	15. WAS DECEASED EVER	IN U. S. ARMED FOR	ervice)						Add				
20c. TIME OF INJURY Manth, Day, Year Haur a. m. p. m. 19 20d. INJURY OCCURRED While at wark at	PART I. DEA' / 7 4 X Canditians, if ar gave rise to ir cause (a), stating lying cause last. PART II. OTH PART III. OTH	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO TO, which nmediate he under- GER SIGNIFICANT CON SUNDERLYING TO	i)	Cance CONTRIBUTING TO DEATH ESTATES; fu	en	em	bell	; To	umbon	VEN IN PAI	ONS	9. WAS PERFO	AUTOPSY PRINCO?
alive an 2 day, 19 day, and that death accurred at 1/30/M, from the causes and an the date stated abave ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) RICHARD T. BINFORD, M. D. 220. BURNAL (Specify) PUTIAL 221. DATE THEREOF ROSE HILL 222. NAME OF CEMETERY OR CREMATORY ROSE HILL 223. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2240. REGISTRAR 24b. REGISTRAR'S SIGNATURE		Manth, Day, Ye	While	Nat while					ar tawn)	((Caunty)		(State)
22a. BURIAL, CREMATION, REMOYAL Specify burial 22b. Date thereof Rose Hill 22d. LOCATION (City, town, or county) (State) Hagerstown Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	alive an 2 4	rella	199	and that de	eath ac	//		M, fram ADDRESS (St	the causes ar	nd an th state)	e date	stated	abave.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	_REMOVAL_(Specify)	")F			EMATORY				ar caunty)			
	23. FUNERAL DIRECTOR'S	SIGNATURE	ersto	ADDRESS				D BY REGIST	RAR 24b. REGI			RE	

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SIGNATURE

DARSEP 2 4 '59

	1072	5 CER	HIFICA	TE OF DEATH	1 /2	971	Reg. Dist	. No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (WHO. STATE	iere déceased		on: Residence	e before odm	ission)
	ashington Co	unty M	ARYLAND	023 JonesMari	vland	b. COUNTY	Ch. Mc	ontgo	nerv
b. CITY OR TOWN	(If oulside corporate limit		TAY IN 1b	c. CITY OR TOWN (If				فرهنا الإيكام جازان	
RURAL ond give Hager					y Cha		15 Y	2	
d. NAME OF HOSE	PITAL (If not in hospital, a	ive street oddress)		d. STREET ADDRESS	y Olla	30	12/	e. IS R	ESIDENCE
Washing	ton County	Hospital		King 4023 a J	offe se	Bridge	Da	ON	A FARM?
NAME OF	Fire		ddle	Lost	4. DATE				
DECEASED			P		OF DEATH	Moni		Day	Year
. SEX	Jose	7. MARRIED T NEVER MA		Hipkins DATE OF BIRTH		Septemb		YEAR IF UN	
			RCED T			lost birthday)		Days Hour	7
M OCCUPAT				May 27, 189		62 yrs.			
during most of we	orking life, even it refired)	lone 10b. KIND OF BUSINES		The second second second		untry)	12. CITI2	ZEN OF WHA	T COUNTR
Electr	ician	Electr:	ic	Missou				USA	
B. FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME				
Char	les Hipkir	IS		Pea	rl Mu	sic			
S. WAS DECEASED EN	VER IN U. S. ARMED FORG	CES? 16. SOCIAL SECURITY	NO. 17. IN	FORMANT		Addr	ess		
No	(ii yez, give wor or odies or te	Yes	Н	ospital recor	rd				
18. CAUSE OF DE	EATH [Enter only one co	use per line for (o), (b), and						INTERVAL	RETWEEN
	EATH WAS CAUSED BY:	Was and and a	•	n nonident				ONSET AN	D DEATH
1520	IMMEDIATE CAUSE (6)	11636116CLIC	vascul	ar accident				5 da	ys
700.00	DUE TO	Compinent	0 3						
Conditions, if	immediate (Garelnoma o	I desc	ending colon					
couse (o), stolin-	g the under DUE TO								
lying couse lost									
PART II. O		DITIONS CONTRIBUTING TO						PERE	ORMED?
Left he	emiplegia se	condary to ce					ysema	YES [□ NO 🔯
OR CONTRIBUTION	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESCRIBE HOW INJUR	Y OCCURRED.	(Enler noture of injury in f	ort I or Port	II of item 18.)			THE R
(IF EITHER, NOTIF	Y MEDICAL EXAMINER)								
PART II. O Left he 20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF INJU. Hour a. p.			20e. PLAC	CE OF INJURY (Home, form	20f. (City	or town)	(Co	ounty)	(Stote)
Hour a. m.	10	While Not while of work of	focto	ory, street, office bldg., etc.)				
			7.5	1000- 0-	30	3050			
		deceased from Aug							
alive an_De	pt 18, 4959	2, 12, and th	ngt death					e date sta	ted abov
ACTUAL /	1, 69	10 /			ADDRESS (Str	eet, city or town, s	itate)		DATE SIGNE
SIGNATURE	range 6	() unto	MACM	D. 170 W. Was	hingto	n St. H	agers	town. 1	Md.
PHYSICIAN'S _			,						
NAME (Type) FT	ank E. Bruml	back, M. D.							
20. BURIAL, CREMATI	ION, 22b. DATE THEREO	F 22c. NAME OF C	EMETERY OR	CREMATORY	22d. LOCATI	ON (City, town, o	r county)	(Sto	ote)
Entombre	nt 9/22/5	9 Geo. W	ash. C	Cemeterv		ington		C	
3. FUNERAL DIRECTO		ADDRESS			BY PEGISTE	AP 245 PEGIS	TPAP'S SIGN	LATLIDE	

Robert A. Pumphrey Bethesda, Maryland

funeral director, uld be filed with

2 shauld

death. Page

requires that the death certificate be executed within 24 hau

ATTENDING PHYSICIAN: The law

ADDRESS

24a, REC'D 8Y REGISTRAR

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DATOCT 5 2 '59

0 VS A15 (4) 1SM 9/S8

23. FUNERAL DIRECTOR'S SIGNATURE

physician.

The second secon AND THE STATE OF T MA COMPORTOR POR CALL THE THE STREET STREET SERVICES OF STREET P. San Stranger and Advisor to the same of the same of CHERRY STATES STATES The last trivial in the same and the same an

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CERTIFICATE OF DEATH

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							Mag. Dill.	10.	
1. PLACE OF DEATH o. COUNTY Was	hington	MARYL	AND 2. U	SUAL RESIDENCE (WHO STATE)	ere deceased	lived. If institution b. COUNTY.	washi r	efore odmis	sion)
	(If outside corporate limits, nearest town)	write c. LENGTH OF STAY II	C483	CITY OR TOWN (IF o		ote limits, write RI Marylan	URAL and give	nearest tow	n)
OR INSTITUTION		street oddress)		d. STREET ADDRESS				ON	SIDENCE A FARM?
Washingt	en County	mospital		44 Harme		У.		I ES L] NO []
3. NAME OF DECEASED (Type or print)	Rebert	Middle		Hopewell	4. DATE OF DEATH	Mon Sept		Day	Yeor 19 59
5. SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIED	8. DA	TE OF BIRTH		ost birthdoy)	Months Day		ER 24 HRS.
ale	A A T A T A M	VIDOWED DIVORCED	- 12P	ril 11 18		70 yrs.			
during most of w	IION (Give kind of work do orking life, even if retired)	ne 10b. KIND OF BUSINESS OR	INDUSTRY				12. CITIZEN		COUNTRY
Laborer 13. FATHER'S NAME		Junk yard		Frederic MOTHER'S MAIDEN N		ι.	USA		
	40		14.		NAME				
Leuis	Hopewell	S? 16. SOCIAL SECURITY NO.	17. INFOR	Unknew		Addi			
[Yes, no. or unknown)	[(If yes, give wor or dates of servi	ice)						- 01	
yes	Werld War	1 214-09-952	6 Mrs	Derthy	surli	n W.W.	Bethe	1 51	
		e per line for (o), (b), and (c).]						NTERVAL 8	
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Arterioscle	rotic	heart di	sease	with			nths
1420.						failur	8		
Conditions, if	ony, which) (b)_						20130		
gove rise to	immediate (
lying couse los					139 B.G		-		
Z PART 11. C		TIONS CONTRIBUTING TO DEA	TH BUT NOT	RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(c	19. WAS	AUTOPSY
Ĭ	Arteriosci	Lerosis, gen	erali	zed					ORMED?
PART II. C		Ob. DESCRIBE HOW INJURY OC			Port I or Port	11 of item 18.)			
	URY Month, Doy, Year	20d. INJURY OCCURRED While Not while of work of twork	20e. PLACE C foctory,	OF INJURY (Home, form street, office bldg., etc	20f. (City	or lown)	(Coun	ly)	(Stote)
		leceased from July	20	, 159 , to Se	ept. 1	9 1059	that I lest	saw the	decente
alive an S	ept. 19	, 12 59 , and that		urred of 27P					
00	(1///	1		11.5		eet, city or town,			ATE SIGNE
ACTUAL	64			100 Prof	'eggin	nal An	te Bld	o. 9	127/5
SIGNATURE	100%	man	M.D.	1.001_1_01	PRRIL	31923. 393.	do my	E-1	
PHYSICIAN'S NAME (Type) W	illiam T. I	ayman		Hagersto	wn			Mar	yland
220. BURIAL, CREMAT	ION, 22b. DATE THEREOF	22c. NAME OF CEME	TERY OR CRE	MATORY	22d. LOCAT	ON (City, town,	or county)	(Sto	te)
BUTIAL Speci	9-22-195	9 Rose Will	Ceme	etery	Mage:	rstewn	Maryla	and	
3. FUNERAL DIRECTO	OR'S SIGNATURE	ADDRESS	0		D BY REGISTA		STRAR'S SIGNA		
John	R Watson	- 9 Noncors	town	MA OSEP ?	2 5 '59	anthu	7 & Kraw		

erety (illed in by the funeral director, s. Pages 1 and 2 shauld be filed with may be retained by the hospital ar attending physician.

O FUNERAL CTOR: After this certificate has been signed by the attending physician and compage 3 shauld be detached for use as the burial-transit permit. Then please remave carbon per the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. may be reta VS A15 (4) 15M 9/55

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau

TO HOSPITAL

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MARYLAND STATE DEPART MENT OF HEALTH-EALTIMORE, 18

ofter death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

10160				Reg. Dist. No.
PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Who	ere deceased lived. If institution b. COUNTY	anı Residence befare admission)
Washingten	MARYLAND	Marylan	101	washingten
 CITY OR TOWN (If autside carparate fimits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside carporate limits, write R	(URAL and give nearest town)
Hagerstewn, Maryla	n¢ 55yrs.	03 Hagerste	wn, Marylan	d.
d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
125 Blooms Al			ooms Alley	
NAME OF DECEASED (Type or print) Virgie	Mae Mae	Jehnsen	4. DATE Mor	Day Year 28 19 59
SEX 6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Temale Colored WIDO	WED DIVORCED	April 25 18	82 77 yrs.	Months Days Hours Min.
a. USUAL OCCUPATION (Give kind of work dane 10 during most of working life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar fareign country)	12. CITIZEN OF WHAT COUNTRY
Mousewife	own home	Leuden 6	leunty, Va.	USA.
FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Lucas Miram		Mary Been		
WAS DECEASED EVER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. I	NFORMANT	Add	iress
es, no or unknown) [If yes, give wor or dates of service]	nene	William Joh	nsen 125 E	leems Allev
18. CAUSE OF DEATH [Enter only one cause per				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	to" to" and ten	1 (20		ONSET AND DEATH
IMMEDIATE CAUSE (a)	Carrinous	of Coton		6-12 me
153.8 DUE TO				
Conditions, if any, which)				
gave rise to immediate				
cause (a), stating the under-				
lying couse last.) (c)				
PART II. OTHER SIGNIFICANT CONDITION 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
				YES NO
20a. ACCIDENT WAS UNDERLYING 20b. D	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	'art I ar Part II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm,	, 20f. (City or town)	(County) (State)
Haur a. m. Wh	ile Nat while fa	ctary, street, affice bldg., etc.		(500)
p. m. 19 at v	vark at wark			
21. I certify that I attended the dece	ased from Jefox	1959 to de	19 /	that I last saw the decease
alive on 19	ond that death	accurred at 430		and an the date stated abov
	ragara, one mor dean		ADDRESS (Street, city or town,	
LACTURE VIII O MINA	I.	100 111 1100	Comment of lown,	Z Z Z
SIGNATURE THE SIGNATURE	unon	M.D/ 59 W. W.	my/m of	Strown 1/2
PHYSICIAN'S				
NAME (Type) Philip J. Hirs	nman, M.D.	159 W W	Vashington St.	Hagerstown Md
o. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY C		22d. LOCATION (City, town,	
*Barian 9-26-1959			The second secon	
		emetery	Magerstewn	
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			STRAR'S SIGNATURE
John I Watern In	Nageraloum	MITA DATESET	29'59 an	thug & though

moy be retermined by the hospital or attending physician.

OFUNERAL ACTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director.

OFUNERAL ACTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within/72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hou moy be reto

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SOCIALITADE HEALTH NO TO

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10790

CEDTIEICATE OF DEATH

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24b. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR DATE OCT 2'59

10163	CERTIFICA	AIE OF DEATH	R	eg. Dist. No. 30%
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who of STATE Waryland	Washing to	
RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	2	utside corporate limits, write RURA	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
24 Winter St		24 Winter	: St	YES NO
3. NAME OF DECEASED (Type or print) KATHERINE	Middle ELIZABETH	KENDLE	4. DATE Month OF DEATH Septembe	r 29 195919
5. SEX 6. COLOR OR RACE 7. MARRII 7.		B. DATE OF BIRTH NOV 29 1879	lost hirthdoy)	UNDER 1 YEAR IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Housewife 13. FATHER'S NAME	or Business or Indu	The second second second	n Wash Co Md.	12. CITIZEN OF WHAT COUNTI
Thadeous Mundey		Rosana	a Bloomenour	
15. WAS DECEASED EVER IN U. S. ARMED FORCES2 16. S (Yes, no. or unknown) (If yes, give wor or dates of service)		informant ester G Ker	Address adle 353 Devo	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Conditions, if ony, which gave rise to immediate cause (a), stating the under. Lying cause last. PART I. DEATH WAS CAUSED BY: (b) DUE TO Conditions, if ony, which gave rise to immediate (c)	ulity of	upcardial	Jusufficie	years.
PART II. OTHER SIGNIFICANT CONDITIONS CO. 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ontributing to DEATH BUT	NOT RELATED TO THE TERMIN	HAL DISEASE CONDITION GIVEN	IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Part II of item 18.)	
20c. TIME OF INJURY Month. Day, Year 20d. IN. Hour a. m. 19 while at work	Not while fo	ACE OF INJURY (Home, form, cotory, street, office bldg., etc.)	20f. (City or tawn)	(County) (State
21. I certify that I attended the decease alive an	5, and that death		M, from the causes and ADDRESS (Street, city or town, state	
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 10/1/59	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, or co	

ADDRESS

Andrew K. Coffman Hagerstown Md.

moy be retain y the haspital ar ottending physicion.

TO FUNERAL D. TOR: After this certificate has been signed by the attending physici page 3 should be detached for use as the burial-transit permit. Then please remove the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

TOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with

TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour

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		AND AND DESCRIPTIONS		100/01/0 101/000

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10766	CERTIFICA	ATE OF DEATH	3 30	Reg. Dist. No	10719
1. PLACE OF DEATH O. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (Where	b. COUN		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	side corporote limits, write		
BOONEBORD	64 FARS	X APPLETO	WN - R	URAL .	
d. NAME OF HOSPITAL (If not in haspitol, give street of OR INSTITUTION REPORT NURSING Ha	1	BOOKS 30	RO MD.	17.2	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF PIRST DECEASED	Middle		. DATE M	anth D	loy Yeor
(Type or print) +LORENCE V	18 GINIA	K'LINE	DEATH FOT	6-	195
5. SEX 6. COLOR OR RACE 7. MARRIEI	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year lost birthday		R IF UNDER 24 HR
FEMALE WHITE WIDOWED	DIVORCED [MARCH. 25. 188	(0) 79 Y	, Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KI during most of working life, even if retired)	ND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or	foreign country	12. CITIZEN	OF WHAT COUN
HOUSE WILEE	NN HONNE	NRIMVEROU	UE FRED	CA MAD 1	150.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA			(G × F ·
STARAR SHANK		SILA A	LEXAND	E17	
	OCIAL SECURITY NO. 17. 1	NFORMANT		ddress	
(Yes, no, or unknown) (If yes, give war or dates of service)	DAF A	LTON B. KIL	NE BOOM	SBORN	ADD.
18. CAUSE OF DEATH [Enter only one couse per life			AS COOK		TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	neralized	artenoule	rous		SET AND DEATH
450.0 DUE TO				1935	!
Conditions, if ony, which) (b)	V				
gove rise to immediate Couse (a), stating the under-					
lying couse lost. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION C	SIVEN IN PART I(o)	19. WAS AUTOPS PERFORMED? YES NO
	IBE HOW INJURY OCCURRE	D. (Enter nature af injury in Par	t I ar Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY Month, Day, Year While of work [_ Nat while fo	ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	20f. (City or town)	(County)) (Stot
21. I certify that I attended the deceased	from July 2	1 10/ 10/10	19 1 6 10.5	19 that I last a	aw the decea
alive an Sept 4 1950	1, and that death	occurred di 3 A	M from the source	/	
1.1011	7-7-, And markedin		M, fram the causes DRESS (Street, city or tow		DATE SIGN
ACTUAL SIGNATURE DUTING	21	Bon	nelver	,	1/8/59
JOHN TORE		M.D	- 100		

VED Wilevan PHYSICIAN'S NAME (Type)

22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, REMOVAL (Specify) 22d. LOCATION (City, tawn, or county)

BOONS B ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 0

BOONSBORD

SEP 1 0 '59 arthur & Kraus

(Stote)

(15 Y (1))	HIASO TO ST	CEVITISES	9291	
	AND THE REAL PROPERTY.			
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A Committee of the Comm				
	RA	San Tarabana Labaran (San San San San San San San San San San		

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ACTUAL

CERTIFICATION

5. SEX

If any delay is 3 to the funer any be retained to with the State Boars as after death.	081
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is execute the fiscise, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funer of should be worded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained to Funeral DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boa or its designated agent, prior to barial, cremation, ar remayol, and in any event whitms? hours after death.	1
d be executed within pencil in Item, 18. Cres Office along with urial-transit permit.	
This certificate shaule word "pending" in ef Medical Examine auld be used as a b borial, crematian, a	0
ficate, writing the worded to the Chi	21
TO DEPUTY ME execute the execute the A should by TO FUNERAL DI or its designo	2
5M 2/57	434

				TATE DEPART					18	10	720
		10730							Reg. D	ist, No.	302
1.	o. COUNTY Wa	shington		MARYLA	ND	2. USUAL RESIDENCE (V		ed lived. If institu b. COUNT	v	nce befo	
ŀ		f outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (I		porote limits, write			
	Ha gerst	own		1 day		6	erstow		1		
		ton County		oital, give street address)		STREET ADDRESS	rankli	n Street			o. IS RESIDENCE ON A FARM? YES NO TO
	NAME OF DECEASED (Type or print)	MATTIE		LAV IN IA		KROUSE	4. DATE OF DEATH	Month Septemb		Doy 17	Year 19 59
5. 5	Female	6. COLOR OR RACE White	7. MARRIE	NEVER MARRIED DIVORCED	_	DATE OF BIRTH January 30,		9. AGE (In years lost birthday) 45 yrs.	IF UNDER Months		Hours Min.
10a	. USUAL OCCUPATION of working most of working Weaver	ON (Give kind of work on the control of the control)		nd of Business or Inc		Y 11. BIRTHPLACE (Stote Hagersto				S.A	WHAT COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S MAIDEN				20 611	
	John	W. Snyder				Estella	Gearha	rt			
15.	WAS DECEASED EV	ER IN U. S. ARMED FOI		OCIAL SECURITY NO. 1	7. IN	FORMANT		Address			
	no	(ir yes, give war er ooies or i	rerotce)		Ed	dwin W. Krou	se	Hagers	town.	Ma	ryland
/		TH [Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	se per line f	or (a), (b), and (c).] This Dog	747	ee Burn	3 06	90 %		INTERV	AL BETWEEN AND DEATH
	Canditions, if a			of 130	>/	4)				
	(o), stoting the				-						
Z	PART II, OTI		DITIONS CO	NTRIBUTING TO DEATH BI	UTNO	OT RELATED TO THE TERM	NAL DISEASE	CONDITION GIV	EN IN PAR	[](a) 19.	WAS AUTOPSY
CATION											PERFORMED?
L CERTIFI	PRIMARY OF COLOR CAUSE OF DEATH.	JSE WAS NTRIBUTING 201	19-HTIN	HOW INJURY OCCURRED	D. (En	ter nature of injury in Par "Aught five	from from	-1 -1	- STON	e	
MEDICA	20c. TIME OF INJUI	Month, Doy, Yea 9/16 195	20d. IN While at wor	_ Not while	PLACI foctor	E OF INJURY (Hame, form y, street, affice bldg., etc.	20f. (City	or lown) AGPY STO	(Cou WN	MAS	H. MD
	21. I certify th	nat) took charge	of the re	emains described a	bav	e, held an Autops	y . In	spection ,	Inquir	y 10	and in my
	opinian death	resulted fram: N	latural co	ouses . Accider	nt 🗵	Suicide .	lomicide	, Undeter	mined n	nanner	,

CHIEF MEDICAL EXAMINER

DATE SIGNED

ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Howard N. Wooks, M.D. DEFU NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION, 22b. DATE THEREOF Burial 9/19/19 22d. LOCATION (City, town, or county) (Stote) 9/19/1959 Rose Hill Cemetery Hagerstown. Maryland Suter-Rouzer Huneral Home ADDRESS 240. REC'D BY REGISTRAR SEP 21 '59 246. REGISTRAR'S SIGNATURE Hagerstown, Maryland

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TO HOSPITAL ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 how there death. Page 4 may be retained by the hospital or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled with the registror prior to burial, cremation, or removal, and in any event within 72 hours of parallely.

VS A15 (4) 15M 9/58

	1016		CERTI	ICA	LOIL	LAII			Reg. Dist.	No.	
1. PLACE OF DI a. COUNTY	Washington		MARYI	.AND	g. STATE	aryla		lived. If institution b. COUNTY	n: Residence Washi:		
RURAL and	OWN (If autside carporate d give nearest tawn)	limits, write	c. LENGTH OF STAY	N 16	~			rate limits, write RU	RAL and give	e nearest taw	n)
Hager		. 1					sburg			10.050	- IDELICE
OR INSTIT	HOSPITAL (If not in hospit TUTION Maryland				d. STREET A		atiet	am Stre	et		FARM?
NAME OF DECEASED (Type or prin	ii) N	First ORMC	Middle en Harr	4 1	a Poli	9	4. DATE OF DEATH	Mant	4 14	Day 9	Year 19.5.5
. SEX	6. COLOR OR RA	CE 7. MAR	RIED NEVER MARRIE	4	DATE OF BIRTH	H		9. AGE (In years	IF UNDER 1 Y	EAR IF UND	ER 24 HR
Male	White	WIDOW	ED DIVORCED		April	28 1	11	22 yrs.	Months &	ys Haurs	Min.
Oa. USUAL OC during mas Nevel	CUPATION (Give kind of wat of warking life, even if re	ark dane 10b. tired)	None	RINDUSTR	-		_	re Md.	12. CITIZEI	U. S.	
3. FATHER'S NA			2.0110		14. MOTHER'S	MAIDEN N	IAME		100		
	our John La	ale			El	len	Iola	Gross			
5. WAS DECEA Yes, no, or unknow No	(SED EVER IN U. S. ARMED	s of service)	social security no.	Mr	. W111	our L	apole	225 W.		etam	St.
18 CAUSE	OF DEATH [Enter anly ar							onarpe	burg	INTERVAL 8	ETWEEN
	T I. DEATH WAS CAUSED		Jan. 1 1	al .	2					ONSET, AND	DEATH
1000	IMMEDIATE CAU	SE (a)	LSPIPat	ION	MEB	RUM	ONIC	<i>a</i>		ana	urs
	ns, if any, which)	(b) 90	eneral &	arco	matosi	8 14/44 f	6/3/19			544	rors
	stating the under-	(c) Ne	eurofibrose	arcom	a of h	umeru	ıs			8 yes	ars
PAR 20a. ACCID OR CONTR (IF EITHER,	TII. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO DEA	TH 8UT NO	OT RELATED TO	THETERMI	NAL DISEAS	E CONDITION GIVE	N IN PART 1	PERFO	AUTOPS'
20a. ACCID OR CONTR (IF EITHER,	DENT WAS UNDERLYING [18UTING [] CAUSE OF DE NOTIFY MEDICAL EXAMIN	ATH	CRISE HOW INJURY O	CCURRED. (Enter nature o	f injury in P	art I or Par	t 11 af item 18.)			
~	DF INJURY Manth, Day, a.m. p.m.	While	NJURY OCCURRED Nat while at work		OF INJURY (y, street, affice			ar tawn)	(Cau	inty)	(State
21. I cer alive an ACTUAL SIGNATURI	Victor	, 19 <u>.</u>		death o	. wes	2:15/s	M, fram ADDRESS (Se	the causes and reet, city or town, str. State	d an the o	date state	
NAME (Typ	O) VICTOR		Ramos			rgers	stown			d	
Burial, CF	REMATION, 22b. DATE TH	3 195	22c. NAME OF CEME		meter;	T		ron (City, tawn, a	Md.	(Sta	te)
FUNERAL DI	RECTOR'S SIGNATURE	Will	ADDRESS LEMISERS	-,71	nd	24a. REC'E	BY REGIST	-	TRAR'S SIGN		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
10732MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10722

Reg. Dist. No.

	1. PLACE OF DEATH	ashingtor	1	MARYLAI		esidence (w		sed lived. If insl b. COUR	itution: Res			ssion)
	b. CITY OR TOWN (If and give nearest lown)	oviside corporate limits, writ agerstown	RURAL	c. LENGTH OF STAY IN		ral-		porote limits, wri		nd give n	nearest lo	vn}
	d. NAME OF HOSPITA	on Cos Ho	If not in hos	pital, give street oddress)		ADDRESS ute #		Wolfsv:		, 0 /	ON	SIDENCE A FARM?
I	3. NAME OF DECEASED (Type or print)	HARRY	st	Middle		est	4. DATE OF DEATH	Septer		Day 5		•or නි 9
	5. SEX male	6. COLOR OR RACE White	7. MARRII	ED NEVER MARRIED			393	9. AGE (In years lest birthday) 66 yr	IF UND			ER 24 HRS. Min.
	10a. USUAL OCCUPATIOn during most of working Cabinet 13. FATHER'S NAME	life, even if retired)		ans Lumber	USTRY 11. BIRTHE	reder	ick		12. C	ITIZEN O		COUNTRY
	15. WAS DECEASED EVE	Harlan I R IN U. S. ARMED FO (If yes, give war or dates of	RCES? 16.	social security No. 17	. INFORMANT	nda F		Addre	wers.	Rt.	**	1d
	PART I. DEATI	iate cause	In	for (a), (b), and (c).] currentes (i	afort	He	Jeg no	rhy			RVAL BETWEET AND DEA	
~	SATION			E HOW INJURY OCCURRED					SIVEN IN PA	1		AUTOPSY PRMED? NO
	20c. TIME OF INJUR Hour — m. 330 p.m. 21. 1 certify th	Y Manth, Day, Yes	Of the r	INJURY OCCURRED 200.	PLACE OF INJURY actory, street, affice bove, held of	(Home, farm, ce bldg., etc.) Autopsy	20f. (City	1 Low	le de	county) iiry .	, ond	(Stote)
	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	EW S	Tille	Tro &	ASSIST	MEDICAL EX	AL EXAMINE			2	DATE S	IGNED
		Sept.8,19		St. Mark				TION (City, town			(Stote)
	23. FUNERAL DIRECTOR'S	SIGNATURE	ell	DORESS	362	240. REC'D	BY REGIST		GISTRAR'S			

VS. A15ME(5) 5M 9/55

Property and the state of ESCHALOS SAND S MEND PRIMER SCHOOL MENN TO THE REPORT OF THE PARTY OF T . a. f. Harris to L. Wolfer and Lie Today Language Commission The Tree Property of the Control of STATE OF THE PROPERTY OF THE P M

er death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou

TO HOSPITAL

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10723

	10733		CERTIFICA	ATE OF I	PEATH	1		Reg. Dis	st. No.	302	2
1. PLACE OF DEATH				2. USUAL RESI	DENCE (WI	nere deceased live	ed. If instituti	on: Residen	ce befor	e admiss	sion)
	Washington		MARYLAND		Mary!	land	B. COUNTY	Was	hing	ton	
B. CITY OR TOWN OR RURAL and give of Hagers	If outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR	H	outside corporote erstown	limits, write R	URAL and g	give nea	rest town	1)
d NAME OF HOSPI	TAL (If not in hospital, g	ive street o		d. STREET A		ELSCOMIL				AC DEC	IDENICE
OR INSTITUTION	W. Frankli			/		ranklin	Street			ON A	FARM?
3. NAME OF	Fir	st	Middle	Los	t	4. DATE	Mon	th	Day	٧	Yeor
DECEASED (Type or print)	ROY		EDWIN	LEW	IS	OF DEATH	Septem	ber	1	0	19 5
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. DATE OF BIRT	н	9. 4	GE (In years	IF UNDER	1 YEAR		
male	white	WIDOWE		October	26,	1891 "	67 yrs.	Manths	Days	Hours	Min.
Oa. USUAL OCCUPATI	ON (Give kind of work	done 10b. I	CIND OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (Stole	ar foreign countr	γ)	12. CIT	IZEN O	F WHAT	COUNT
Retired :	king life, even if refired anitor	'	Drug Store	Has	erst	wn, Mar	yland		U.S	.A.	
3. FATHER'S NAME				14. MOTHER'S	MAIDEN N	NAME					
To be	Villiam H.	lewis			Clara	A. Wol	f				
15. WAS DECEASED EVI	R IN U. S. ARMED FOR	CES? 16. S	SOCIAL SECURITY NO. 17. 1	NFORMANT			Add	ress			
Yes, no or unknown)	(If yes give war or dates of s	ervice) 2:	14-09-4699	George V	I. Ter	vis	Hagers	town.	M.r	vlar	bo
18. CAUSE OF DE	ATH [Enter only one co	use per lin	e for (a), (b), and (c), 1				9	,			TWEEN
	TH WAS CAUSED BY:		1 . 11	900					ONS	ET AND	DEATH
1,001	IMMEDIATE CAUSE (o		Ullewoney	Collin					d	ac	000
4221	DUE TO	1	. 0	1	0.0				1		. 1
Conditions, if a	mmediate	-	Dugoelin di	pail ,	factu	ne .			1	w	contr
cause (o), stating lying cause last.		a	rteus de	ti Ca	aler	Vascul	en fle	Len	20	w	joan
PART II. OT	HER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE CO	INDITION GIV	EN IN PART	T 1(o) 15		AUTOPSY RMED?
20a. ACCIDENT W	AS UNDERLYING CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OCCURRE	D. (Enter nature a	f injury in I	Part I ar Part II a	f item 18.)				
	MEDICAL EXAMINER)										
20c. TIME OF INJUI Hour o. m. p. m.	Y Month, Day, Yes		JURY OCCURRED 20e. PL	ACE OF INJURY	Home, form	, 20f. (City or t	own)	(C	ounty)		(Stote
Hour o.m.	19	While of work		ctory, street, office	bldg., etc.	.)					
	at I attended the	decense	d from 8/31	/59, 19	ta 9	/12/59	10	that I I	act ca	w the	deser
alive an 9	/8/59	10	, and that death	47.0		AA from th	, 17	.,INUI I I	- J-A	w me	deceds
divo dil		100	, did indi dedin	accorred di		ADDRESS (Street,			ie dar		ea aba ATE SIGN
ACTUAL	Hours	Wh V	vocas, MW.	7		orth Po	d	Siole)	_	120	/=0
SIGNATURE		6 10-	- /	M.D	90 M	or on re	or oma c	DI		114	123
PHYSICIAN'S NAME (Type)	Howard N.	Weel	ks, M.D.	Н	ager	stown.	MA				
220. BURIAL, CREMATIC		F	22c. NAME OF CEMETERY O			22d. LOCATION	(City, town, c	or county)		(Stat	e)
REMOVAL (Specify) Burial	9/14/1	959	Rose Hill Ce	emetery		Hager	stown.		M	[arv]	
3. FUNERAL DIRECTOR	S SIGNATURE	Tions	ADDRESS			BY REGISTRAR	24b. REGIS	TRAR'S SIG	NATUR	E	
A Fankin	er Funeral	Home	Hag erstown,	Md.	DATE SE	P 1 5 '59	an	Thur S.	Trace	4	
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	wind the second	
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	tone the exactor,	Escond Control - 124 de

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Thurmont, Md.

DATESEP

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

may be retained by the TO FUNERAL DIRECTOR: VS A15 (4) 15M 9/5B

Raymond E. Creager

10000

ALE OF DEATH	1			Reg. D	ist. No.	TO	164
2. USUAL RESIDENCE (WHO O. STATE			f institution	an: Reside		re odmiss	sion)
c. CITY OR TOWN (If o		orate limit	s, write R				
Thurmon	at:		10	Y.	2		
d. STREET ADDRESS						e. IS RES ON A YES	FARM?
Last	4. DATE		Man	th	Do	у	Year
Long	OF DEATH		Sep	t. 3			19
B. DATE OF BIRTH	1	9. AGE	In years	IF UNDE		IF UND	ER 24 HRS
Jan. 10, 18	395	lost p	rthday) yrs.	Manths	Days	Hours	Min.
JSTRY 11. BIRTHPLACE (Stote		auntry)		12. CI	TIZEN OF	WHAT	OUNTRY
Marylar	nd			9.	П.	S.A.	
14. MOTHER'S MAIDEN N			20			- 1.00	
Laura V.	Kel	haus	h				
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VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10735

CERTIFICATE OF DEATH

Reg. Dist. No.

10725

1. PLACE OF DEATH a. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before odmission) o. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Hagerstown c. LENGTH OF STAY IN 1b lagerstown	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Western Maryland Hospital	652 W. Washington St. e. IS RESIDENCE ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print) CLARENCE SYLVESTER Me	BRIJE 4. DATE OF Month Doy Year DEATH SEPTEMBER 18 1959
	Oct. 16 1900 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired) Laborer at Pangborn Collectors	Ronney W. Va.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Newton Mc Bride	Elsie Kidwell
(Yes no or unknown) / (If we give war or dates of service)	FORMANT Address s. Wilbur Carbaugh Maugansville Md.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONCRIBUTING TO ACCIDENT WAS UNDERLYING TO 2004. ACCIDENT WAS UNDERLYING TO 2004. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	LUNG PEGIOLAL METAS TASIS 3 YEARS NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (Enter nature of injury in Part I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur o. m. While of wark of otwark of wark	CE OF INJURY (Hame, form, 20f. (City ar town) (Caunty) (State) ory, street, office bldg., etc.)
21. I certify that I attended the deceased from Acoust 10 alive an Sept 18, 1959, and that death a ACTUAL SIGNATURE CHARLES R. Landyatel M.	accurred at 7345 pM, fram the causes and an the date stated above. ADDRESS (Street, city or tawn, state) DATE SIGNED ADD. 1500 PENNSY VANIA AVE 9-18-59
PHYSICIAN'S EVARISTO R. LARDIZAGA	12 Higgerstown, U.S.
Burial Sept. 22-59 Church of Go	CREMATORY 22d. LOCATION (City, tawn, or county) (Stote) od Cemetery Blairs Valley, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	DATE SEP 2 2 '59 CALLAR & KASHA

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10735

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

302 Reg. Dist. No.

10726

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1. PLACE OF DEATH o. COUNTY Wash	ington		MARY		2. USUAL RESI o. STATE	Maryl		lived. If instituti b. COUNTY				n)
	f autside carparate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR			ate limits, write R		- 0		
Hagersto			14 years		03 I	agers	town					
d. NAME OF HOSPIT 2316 Jeffe	rson Blvd.	ive street	oddress)		9. STREET A		erson	Blvd.		e.	ON A F	FARM?
3. NAME OF	Fir	st	Middle		Lo		4. DATE	Mon	ılb	Day	Ye	eor
(Type or print)	P.		WALTE	R		CLAIN	OF DEATH	Septem		24		959
5. SEX	6. COLOR OR RACE	7. MAR	RIED A NEVER MARRIE	D B.	DATE OF BIRT	Н		9. AGE (In years lost birthdoy)				
male	white	WIDOW	ED DIVORCE	J	uly 9.	1895		64 yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS O				or foreign co	untry)	12. CITI	ZEN OF	WHAT C	COUNTRY?
Plant Gu	king life, even if retired 200	A	ircraft Fa	etarv	Edge	emont.	Mary	land	II.S	.A.		
13. FATHER'S NAME					14. MOTHER'S				1000			
Wal	ter M. Mc	Clair				Nett	ie G.	Dowler				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	. 17. INF	ORMANT			Add	ress			
(Yes, no. or unknown)	(If yes, give war or dates of s	ervice) 2	214-09-1893	Mr	s. Mar	garet	V. Mc	Clain	Hagers	town	n, Mc	i.
		use per li	ne for (0), (b), and (c).]	11		1				VAL BET	
PART I. DEA	TH WAS CAUSED BY:)	Jelmon		1 A		- the	7		m	سبب	ula
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Z PART II. OTI			CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(0) 19.		
CAT											PERFOR	NO D
PART II. OTI	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter nature o	of injury in P	ort I or Port	II of item 18.)				
3 20c. TIME OF INJUR	Y Manth, Day, Ye	or 20d. II	NJURY OCCURRED	20e. PLAC	E OF INJURY	Home, form,	20f. (City	or town)	(Co	ounty)		(Stote)
Hour o.m.	19	While of wor	Not while	focto	ry, street, offic	e bldg, etc.			_			
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	at I attended the	deceas	37/		, 19.	7, 10	1	19-	,that I le			
alive an	A second	, 19_	and that	death o	ccurred at	1		the causés o		e date		
ACTUAL	1	1	1/200				ADDRESS (SII	reet, city or town,	state)	9	7-1	IE SIGNED
SIGNATURE	V .	7.	1100	M.	D					/		
PHYSICIAN'S NAME (Type)	V		-									
220. BURIAL, CREMATIC	N, 22b. DATE THEREC	F	22c. NAME OF CEMI	TERY OR	CREMATORY		22d. LOCAT	ION (City, town,	ar county)	100	(Slate)	
Buriak (Specify)	9/26/195	9	Smithsbu	gg, C	emetery	7	Smith	hsburg.		Ma	aryla	and
23. FUNERAL DIRECTOR		TT	ADDRESS			240. REC'E	FONDERIZI		STRARYS SIG		1/	
R. Frankli	er Funeral	Home	Hagerstow	n, Md	•	DATE	051 20			-X 1 40	W. W.	

Programment of the hospital or attending physician.

PEUNERAL COR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corba papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hau may be retor TO HOSPITAL VS A15 (4) 15M 10/57

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VS. A15ME(5) 5M 9/55 2

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MARYLAND ST	ATE DEPARTME	NT OF HEALTH-	-BALTIMORE,	18
1076MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	

10728

Reg. Dist. No.

1. PLAC	CE OF DEATH OUNTY	Washington		N	ARYLAND	2. USUAL RE	SIDENCE (V		sed lived. If institution b. COUN		21-11-12-1	ore admi	ission)
b. CI	(nwot transpor avig box	outside corporate limits, write	e RURAL	c. LENGTH OF S			agers		porote limits, writ	RURAL one	d give n	earest to	wn)
d. N.	AME OF HOSPITA	AL OR INSTITUTION (If not in ho			d. STREET	9					ON	ESIDENCE A FARM?
	AE OF EASED e or print)	Fir Georg		Middl Nelson		essner	1	4. DATE OF DEATH	Mon 9	th	Day 20		ear 9 59
5. SEX	ale	6. COLOR OR RACE	,		_	DATE OF BIRTI		88	9. AGE (In years lost birthday) 71 yrs.	IF UNDER Months	1YEAR Days		ER 24 HRS. Min.
10a. US durin	UAL OCCUPATION MOST of Working retired	ON (Give kind of work g life, even if retired)	done 10b.	W.M.R.R.	OR INDUST	Thu:	ACE (Stote	or foreign	country)		IZEN O	F WHAT	COUNTRY?
13. FAT	HER'S NAME Geor	ge W. Mess	ner			14. MOTHER'S		Rodge	ers				
[Yes, no.		ER IN U. S. ARMED FO (If yes, give war or dates of	RCES? 16.	SOCIAL SECURITY		esse E	. Mes	sner	Addres Hagers		Md.		
Co go (o)	PART I. DEAT 8 25 × anditions, if or verise to immed a storing the second storing storin	liate cause DUE TO		Coronar	y Occl						ONSE	hou	ATH
CERTIFICATION CON CONTRACTOR CONT	PART II, OTH) (c)		ture 4th					E CONDITION G	VEN IN PAR			AUTOPSY PRMED? NO
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220. BU	RIAL, CREMATIO MOVAL (Specify)	N, 22b. DATE THEREC		22c. NAME OF CE		CREMATORY	MEDICAL		TION (City, town,		9-2]	(Stot	6)
	burlal leral director d W. Kra		erstov	Mt. Zion ADDRESS wn, Md.	breta	ren		Lura Deveregist EP 25 '5	RAR 24b. REG	ISTRAR'S SIG	GNATUI	RE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10768 CERTIFICATE OF DEATH S Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY ed b. COUNTY MARYLAND NASHINGTAN funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 00 TAIRDLAN + d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T I 2 3. NAME OF First 4. DATE Middle Lost Month Year filled DECEASED (Type ar print) 19.55 DEATH S SEX 6. COLOR OR RACE 7. MARRIED 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH NEVER MARRIED Months Days Hours WIDOWED X DIVORCED YFS. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) puo HARMER carban ofter 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME death certificate mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) 42.1 DUE TO that Conditions, if ony, which gave rise to immediate DUF TO couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? 0 nema YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City oc town) Doy, Year 20d. INJURY OCCURRED (County) (State) foctor street, office bldg., etc.) Hour a.m. Not while of work of work p. m. 19.59, that I last saw the deceased 21. I certify that I attended the deceased from... and that death accurred at 11:34M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE Potomac St 3 shaul the registrar PHYSICIAN'S NAME (Type) Williamsport. FUNER 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) EMETERY IJA KERSVILLE 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur & Thouse VS A15 (4) OONSBOISO DATE 1SM 10/S7

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10738

3/5	10738	CERTIFICATE OF DEATH	Reg. Dist. No.
Space	1. PLACE OF DEATH o. COUNTY WASHINGTON b. CITY OR TOWN (If outside corporate limits, write c. LET)	MARYLAND O. STATE	ased lived. If institution: Residence before admission) b. COUNTY WASHINGTON proporte limits, write RURAL and give nearest town)
AIRC N. PAT	RURAL and give nearest town)	4 YEKRS, 03 FLAGEIZSTON	e. IS RESIDENCE ON A FARM?
C C E	3. NAME OF DECEASED	Middle Last 4. DA	
DR	DESSIE WIN	NEVER MARRIED B. DATE OF BIRTH	9. AGE (In years of the state o
de in	100. USUAL OCCUPATION (Give kind of work done 10b. KIND (during most of working life, even if retired)	OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign	n country) 12. CITIZEN OF WHAT COUNTRY?
s de la constant de l	13. FATHER'S NAME SAMUE B. HAL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL	14. MÖTHER'S MAIDEN NAME THE LEN SECURITY NO. INFORMANT	SHOWE
hin /2 nd	[If yes, give wor or dates of service] [If yes, give wor or dates of service] [If yes, give wor or dates of service] [If yes, give wor or dates of service]	E IVANG MILLER	HAGEISSTOWN MO. INTERVAL BETWEEN ONSET AND DEATH
and in any eveni w	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (a), stating the under. lying cause lost. (c)	in schoolie shart mila. S. Stant Shetes Milliter	Deserve 10 gr
or remaval, o	CATIC	BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISI	PERFORMED? YES NO
ematian, o	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY Hour o. m. While N	OCCURRED 20e. PLACE OF INJURY (Home, form, form, form, form, foctory, street, office bldg., etc.)	City or town) (County) (State)
lar fa buriai, cr	21. I certify that I attended the deceased from alive an	Sand that death accurred at 6.00 M, fro	the causes and an the date stated abave. (s (Street city or town, state) DATE SIGNED
gistrar pri	PHYSICIAN'S SEARL NOUN	dus dager	stown md
The re	BUKIAL SEPT.22.1959 N	NAME OF CEMETERY OR CREMATORY ANDR CEMETERY DDRESS 240. REC'D 8Y REC	CATION (City, town, or county) (Stote) TILCHMAINTON WASH, Co. MO. DISTRAR 24b. REGISTRAR'S SIGNATURE
6	1 1 1 1 1 1 1 2	SBORD MD DATE SEP 25	

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 halmay be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar priar to burial, cremation, ar remaval, and in any event within 72 hays after detath.

and campletely filled in by the funeral director, ban papers. Pages 1 and 2 should be filed with

DR. S. FAIRC

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VS A15 (4) 15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH Rea. Dist. No 10731

		10739		CER	TIFIC.	ATE OF D	DEATH			Reg. Di	st. No.	10	
1.	PLACE OF DEATH	hington		MA	RYLAND		DENCE (Who		l lived. If instituti b. COUNTY		ingt		ion)
	b. CITY OR TOWN (IF RURAL ond give ne	outside corporate limi arest tawn) ETSLOWN	ts, write	c. LENGTH OF ST.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown)	
	OR INSTITUTION	ton County				d. STREET ADDRESS 328 N.Mulberry Sr.					e.	e. IS RESIDENCE ON A FARM? YES NO	
3.	NAME OF DECEASED (Type or print)	MARC!		ROB INS		MILLER		4. DATE OF DEATH	Mon Sept		Day		Year 19 59
5.	Male	6. COLOR OR RACE White	7. MARR	IED MEVER MAI	RRIED	B. DATE OF BIRTH	н 16,19		9. AGE (In years lost birthdoy) 39 yrs.	IF UNDER Months	_	F UNDE Hours	R 24 HRS. Min.
	Sheet Me	N (Give kind of working life, even if retired tal Worke		KIND OF BUSINESS		raft C	umber.	land,		12, CITI	USA	WHATC	OUNTRY?
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
		ster Martin			7.45		Lula !	Taylor		1			
	s, no, ar unknawn) 1 (I	IN U. S. ARMED FOR f yes, give war or dates af s	ervice)			INFORMANT	22	700 17	Add				2/2
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		TH [Enter only one co									INTER	VAL BE	DEATH
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7	lying couse lost.) (c											
ICATION	PART II. OTH	er significant con	No	ne.			T.M.S			EN IN PAR		PERFO	RMED?
MEDICAL CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	☐ CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY	OCCURRI	ED. (Enter noture o	of injury in P	ort I or Port	II of item 18.)				
MEDICA	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	While of worl	Not while of work	20e. Pl	LACE OF INJURY (I octory, street, office	Home, form, e bldg., etc.	20f. (City	or town)	(0	County)		(Stote)
		t. 10,	19			M.D. 119	N. P	A, fram ADDRESS (SI OTOME	the causes and reet, city or lown, ac Street	d an the stote) et,	st saw date 9_1	stated DAT	abave. E SIGNED
220	BURIAL, CREMATION			22c. NAME OF CE	EMETERY C	OR CREMATORY		22d. LOCAT	ION (City, town,	or county)		(Stote	=)
	REMOVAL (Specify) Burial	9/14/5	9		laven	Cemetery		Hage	rstown			Md.	
	FUNERAL DIRECTOR'S		-	ADDRESS		177	24a. REC'D	8Y REGIST		STRAR'S SIG			
	Rest Haven	Funeral C	napel	Inc. Hag	erst	own, Ma.	DATE	SEP 1	5 '59	arthur	是代	ines	

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Reg. Dist. No.

10740

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page 3 should be deta
the registrar priar to b

requires that the death certificate be executed within 24 ha

VS A15 (4) 15M 9/55

1. PLACE OF DEATH o. COUNTY Was	hington		MARYLAND	2. USUAL RESIDENCE o. STATE Mary	(Where deceosed I	ived. If institution b. COUNTY	Residence bef Freder:	
b. CITY OR TOWN RURAL ond give I Hagerstow	(If outside corporate lim nearest tawn) 12	its, write	c. LENGTH OF STAY IN 16		(If outside corporo		RAL ond give ne	earest town)
d. NAME OF HOSP OR INSTITUTION Washing to	TAL (If not in hospital, n County Ho	spita	oddress)	d. STREET ADDRES				e. IS RESIDENCE ON A FARM? YES NO N
3. NAME OF DECEASED (Type or print)	Ser	ald	Middle E. Moberly	AXXXXXXXXXXX	4. DATE OF DEATH	Month Sep	tember :	Year 19 59
5. SEX	6. COLOR OR RACE	7. MARR	RIED A NEVER MARRIED	8. DATE OF BIRTH	9.			R IF UNDER 24 HRS.
Male	White	WIDOWE	DIVORCED	March lo, 1	1909	50 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATE during most of wo Plumber	ON (Give kind of wark rking life, even if retired	dane 10b.	KIND OF BUSINESS OR INDU		State or foreign cour Land	ntry)		OF WHAT COUNTR
13. FATHER'S NAME				14. MOTHER'S MAID	EN NAME			
George	H. B. Mober	ly		T	Viola Roe	Lke		
	ER IN U. S. ARMED FOI (It yes, give war ar dates of	Innical		rs. Helen M.	Moberly	- Same as		/ 2
Canditions, if a gove rise to couse (o), stating lying cause last.	the under-	4+1	Massive is Massive is Mexoscleyosi CONTRIBUTING TO DEATH BU	and Cix nfarel (Ri s and cer TNOT RELATED TO THE TI	ebral 7	byal he thrombo	emisphere osis	19. WAS AUTOPSY PERFORMED?
20c. TIME OF INJU	AS UNDERLYING G CAUSE OF DEATH (MEDICAL EXAMINER) RY Month, Day, Ye	ar 20d. IN	_ Not while fo	ED. (Enter noture of injury LACE OF INJURY (Hame, loctary, street, office bldg.	farm, 20f. (City of		(County	YES NO (State)
21. I certify to olive an	hot I offended the	ot work	ed from 9/9	, 19,57, to n accurred at 3:15 M.D	ADDRESS (Street	the couses on et, city or town, st Po fom a	d on the do	aw the decease ote stated abov DATE SIGNI
PHYSICIAN'S NAME (Type)	A-1- (4)	bdu	illah		gerste		Md.	
REMOVAL (Specify	Sept 14.	1959	Mount Olivet	V		N (City, tawn, or Brick.		(Stote)
23. FUNERAL DIRECTOR		-///	ADDRESS		REC'D BY REGISTRA		RAR'S SIGNATU	0
		, Fre	ederick, Maryla				othung & f	
							45. /	-tatta

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INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (County) (State) ex Ver 1 29 1959, that I lost sow the deceosed , and that death occurred at 10 A M, from the causes and on the date stated obove. ADDRESS (Street, city or tawn, state) DATE SIGNED 22d, LOCATION (City, town, or county) (Stote) 23. FUNERAL PIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE arthur & Krous 8 '59

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No

e. IS RESIDENCE ON A FARM?

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

Haurs

YES NO NO

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VS A1S (4)

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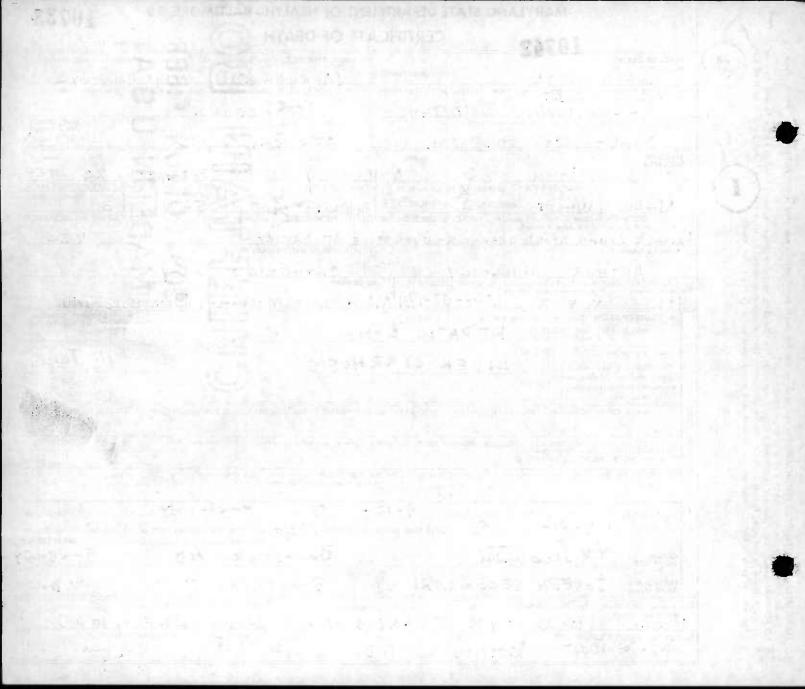
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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10742	CERTIFIC	ATE OF DEATH		Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY NASHINGTON	MARYLAND	2. USUAL RESIDENCE (Where of o. STATE	b. COUNTY	n: Residence before odm	ission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside			wn)
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION		d. STREET ADDRESS	L St.		ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Middle M U		DATE Mont	BER. 22.	Year 19 59
MALE WHITE WIDOW	RRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH		Months Doys Hour	rs Min.
10a. USUAL OCCUPATION (Give kind of work done) 10 during most of working life, even if retired) PACKAGE LIQUEL STORE OPE		OUR MT SAVAGE		12. CITIZEN OF WHA	SIA.
13. FATHER'S NAME A RITHUR MULL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1. (Yes, no. or unknown) (If yes, give wor or doles of service) VES	6. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAME CATHERIA INFORMANT RS, DELCIE MUL	VIE CRAY	oss VSBaka Mi	<u> </u>
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), ond (c).]	МА		INTERVAL ONSET AN	
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	IVER CIRT	RHOSIS		10 50	rejs.
PART II. OTHER SIGNIFICANT CONDITIONS				PER	S AUTOPSY FORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		ED. (Enter noture of injury in Port I			
Hour o.m. Whi	£.	octory, street, office bldg., etc.)	of. (City or town)	(County)	(Stote)
21. I certify that I attended the decedative an 9-21- 19 ACTUAL SIGNATURE	ond that death	accurred at 1.30 A.M.	RESS (Street, city or town,	d an the date state	
PHYSICIAN'S JOSEPH SEC 220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	BOONS B	LOCATION (City, town, o	M.	D.
REMOVAL (Specify) BURIAL SEPT. 26. 1959 23. FUNERAL DIRECTOR'S SIGNATURE	100 mm / 0.00	CEMETERY LA	AVALE ALLEG	HENY CO. KI	D,
11 01 11 1	ONS130120 M	D DATE SEP 2	25'59 C.	has & House	



VS A15 (4) 15M 10/57

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een signed by the attending physician and completely filled in by the funeral director,	onsit permit. Then please remave carban papers. Pages 1 and 2 should be filed with	
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igned b	permit.	, and in ony event within 72 haurs after death.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	1074	2	CERTIFI	CATE OF	DEATH	1	Reg	. Dist. No.	302
1. PLACE OF DEATH			MARYLAN	II o STATE			I. If institution: Reb. COUNTY		
	hington				Maryl	and	W	ashingt	
b. CITY OR TOWN (If a RURAL and give near		ts, write	c. LENGTH OF STAY IN		OR TOWN (If o	utside corporate li	mits, write RURAL	ond give neare	ist town)
Hagersto			2 months 18	d. 03	Has	erstown			
d. NAME OF HOSPITAL	(If nat in haspital, g	ive street o	oddress)	d. STREE	T ADDRESS			e.	IS RESIDENCE
Washingto:	n County I	Hospi	ka.1.		516 Fre	ederick S	street		ON A FARM?
3. NAME OF DECEASED (Type or print)	ELIZABE'	st	Middle SUSAN	PALME	lost R	4. DATE OF DEATH	Month September	Day	Year 19 59
	S. COLOR OR RACE	7 PP	ED NEVER MARRIED	B. DATE OF B	IPTL			7.1	F UNDER 24 HRS.
Female	White				er 8, 1	907 105	t birthday) Mon	1	Hours Min.
		WIDOWE					51 yrs.		
10a. USUAL OCCUPATION during most of working	(Give kind af work of g life, even if retired	done 10b.	KIND OF BUSINESS OR IN	IDUSTRY 11. BIRT	HPLACE (Stote	or foreign country) 12		WHAT COUNTRY?
Housewife				nea	r Downs	ville, M	d.	U.S.	.A.
3. FATHER'S NAME				14. MOTH	R'S MAIDEN N	IAME		4-21-	
Edwar	d Dorsey				Sı	san Dann	er		
IS. WAS DECEASED EVER I		CES? 16. 5	SOCIAL SECURITY NO.	7. INFORMANT			Address		
	yes, give wor or dates of se	ervice)	mana	W Harm	on Dolu	un IIn -	anah arm	Manuala	
no			none	W. Herm	an ran	ier nag	erstown,		
18. CAUSE OF DEATH		use per lin	e for (o), (b), and (c).]	~			,	ONSE	VAL BETWEEN T AND DEATH
11	WAS CAUSED BY:	P	ulmonare	into	retin	Jan	lugance		1-2 ulaz
450.0	DUE TO		1		01	1 11			
Conditions, if ony,	, which) th	, /	marked	almena	Visad	alle	roller	01 3	-4 eggs
gove rise to imm					7				7
lying couse lost.	under-			~					
	SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERM	MÃI DISEASE CON	IDITION GIVEN IN	PART I(a) 19	WAS ALITOPSY
HI HI	The . a . L		// 1	1-50	1	1 see a s		7	PERFORMED?
O FEIRENT WAS	mura	od proc	ardine 1	aren	1	ener c	maes	1254	YES INO [
OR CONTRIBUTING C	CAUSE OF DEATH	200. DESC	RIBE HOW INJURY OCCU	KKED. (Enter natu	e of finjury in I	ort I ar Part II of	item 18:1/		
3 20c. TIME OF INJURY	Month, Day, Yea	or 20d. IN	JURY OCCURRED 20e	PLACE OF INJUI	Y (Hame, form	, 20f. (City or to	wn)	(County)	(State)
Hour o. m.	19	While	Not while	foctory, street, o	ffice bldg., etc)		(//	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2) I certify that		decease	of work	105	9 to 17	SEPT.	19. 59 the	t I last sau	u the deceased
dive dil	DEG TESSDER	-, 17	59, and that de	ain accurred			ity or town, state)	in the date	
ACTUAL Y	0/	1/	1/2/11/	1/200			ily or lown, stole)	4.0	DATE SIGNED
SIGNATURE	- Class	-01	11.77	WHO 135	POTOMAC	AVENUE		10	SEPT. 19
PHYSICIAN'S									
NAME (Type) R1		BINFO	RD, M. D.		HA	GERSTOWN	, MARYLA	ND.	
220. BURIAL, CREMATION, REMOVAL (Specify)			22c. NAME OF CEMETER			22d. LOCATION	City, town, or cou	nty)	(Stote)
Burial	9/19/19	59	River View	Cemeter	y	William	sport.	Ma	ryland
Suter-Rouze	IGNATURE	II	ADDRESS			BY REGISTRAR	24b. REGISTRAR		
A forkling	Course	nome	Hagersto	wn. Md.	DATE OF	D 0 1 1E0			

AUCULA NO. 157 DAY CALL RICHES Parell March Company of the Company THE REPORT OF THE PROPERTY OF AND ADDRESS OF THE PROPERTY OF THE PARTY OF Total a state of moderned market married 是直接的一个大型,在1950年,1950年,1950年,1950年,1950年,1950年,1950年,1950年,1950年,1950年,1950年,1950年,1950年,1950年,1950年,1950年,1950年 to refer to the design of the least of the last of the TOTAL TOTAL وت DETAILS OF THE PARTY OF THE PARTY. A TO SECURE THE TOTAL OF THE TO Comparation of the state of

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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	S. SE
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1	13. FA
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10744 Rea. Dist. No. ACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTYWashington o. SMaryland b. COUNTY Washington MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town)
Hagerstown 46 years Hagerstown NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION West Side Ave. ON A FARM? 344 West Side Ave. YES NO AME OF Middle Yeor CEASED OF DEATH Virginia Pittenger Lillian Sept 16 59 ype or print) 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Manths Dovs White May 26, 1890 emale WIDOWED | DIVORCED | yrs. JSUAL OCCUPATION (Give kind af wark dane 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
HOUSE WITE Own Home Franklin Co. Pa. ATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel M. Whetstone Lucy Irwin INFORMANT AS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Mrs W. Md. Lyman Ott Hagerstown CAUSE OF DEATH [Enter only one couse per_line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH arcoma PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 200. DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? 0 YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 1B.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) 20d. INJURY OCCURRED Day, Year (County) (Stote) foctory, street, affice bldg., etc.) a. m Nat while of work of wark p. m. ______that I last saw the deceased 21. I certify that I attended the deceased from M, fram the causes and an the date stated above. alive an and that death accurred at ADDRESS (Street, city or town, state) ACTUAL Potomac PHYSICIAN'S Wilson Hagerstown NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State)

FUNERAL D page 0 VS A15 (4) 1SM 9/SB

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Rest ADDRESS

9-18-59

Scott F. Minnich & Son

23. FUNERAL DIRECTOR'S SIGNATURE

24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

Md.

DATE SEP 2 1 '59 Hagerstown

Haven Cemetery

Hagerstown

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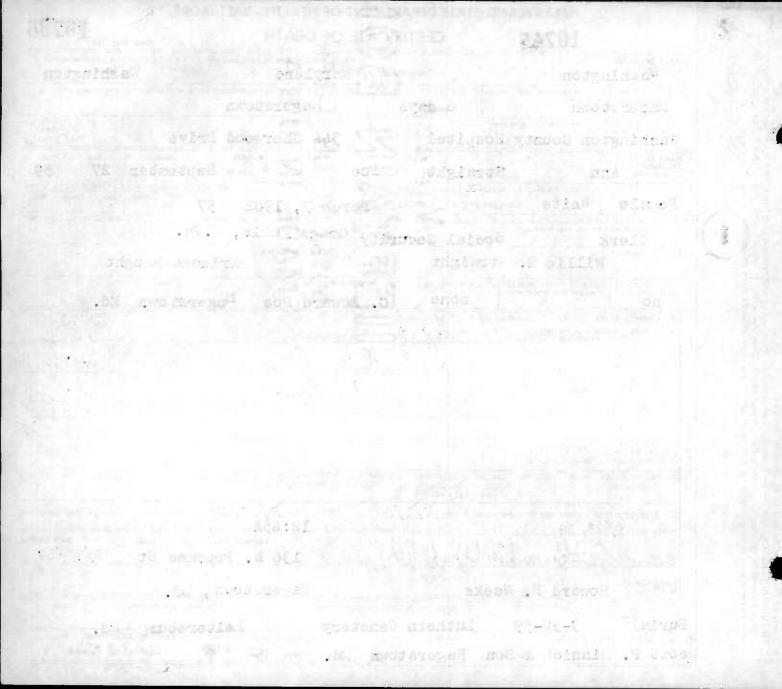
VS A15 (4) 15M 9/5B

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	13
10745	CERTIFICATE OF DEATH	R

CERTIFICATE OF DEATH

10736

TO 1 30	32 ((1))		Reg.	Dist. No.
1. PLACE OF DEATH O. COMMIY AShington	MARYLAND	2. USUAL RESIDENCE (Where do	eceased lived. If institution: Resid b. COUNTY	dence before admission) a shington
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) HAGERSTOWN	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	e carporate limits, write RURAL an	d give nearest tawn)
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION County Howashington County Ho		d. STREET ADDRESS 344 Sherwe	ood Drive	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Ann St	raight I)	DATE Manth DEATH September	27 Year 159
5. SEX Female 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH March 3, 1902	last birthday) Manth:	ER 1 YEAR IF UNDER 24 HRS s Days Haurs Min.
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	cial Securit	Cma an Tall		ITIZEN OF WHAT COUNTRY
Willie S. St:	raight	14. MOTHER'S MAIDEN NAME	Arizona Haug	ght
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes. no, or unknown) (If yes, give war or dates of service)	none G	NFORMANT Edward Poe	Hagerst own	Md.
18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne far (a), (b) and (c).]	Cerus		INTERVAL BETWEEN ONSET AND DEATH
/70 X DUE TO Canditians, if any, which (b)	mohr	hti Ca		4-5 Primi
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u>	Capanin -	enft liveret		2 V1.5
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTIONS OF CONTRIBUT	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN P.	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in Part I	ar Part II af item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. I Haur a. m. While p. m. 19	Nat while fa	ACE OF INJURY (Hame, farm, 20 ctary, street, affice bldg., etc.)	f. (City ar tawn)	(Caunty) (State
21. I certify that I attended the decease alive an 9/26/59 , 19		, 19 , ta 9/2 occurred at 12:45A	7/59, 19, that I fram the causes and an t	last saw the deceased
ACTUAL SIGNATURE	Woods We	M.D. 136 N.	RESS (Street, city or town, state) Potomac St	DATE SIGNED 9/28/59
PHYSICIAN'S Howard N. Wee	ks	Hagers	town . Ma	
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 9-30-59	22c. NAME OF CEMETERY C	R CREMATORY 22d.	LOCATION (City, town, or county	y) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY	REGISTRAR 246. REGISTRAR'S	- 1 -
ectt F. Minnich & Son	Hagerstown	Md DATE OCT	1 De Chilha	7 & Thomas



10737

OF DEAL	R	Reg
		

10:40	keg. Dist. 140	. 502
1, PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 5. STATE	are admission)
W. shington MARYLAND	Maryland Washington	
b. CHY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give ne	earest town)
RURAL and give nearest town) Hagerstown 5 Yrs	03 Hagerstown	
d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
72 East Ave		ON A FARM?
	72 East Ave	YES NOT XX
3. NAME OF DECEASED (Type or print) LeROY NMN POLITICAL NAME OF THE NAME OF T	OF OF	19599
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR	R IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	Oct 15 1886 last birthdoy) Months Doys	Hours Min.
		OF WHAT COUNTRY
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	C+ Mb To17.1	
Salesman Retired		USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Jesse H. Polsgrove	Mary C Graham	
	NFORMANT Address	
Yes No. or unknown) (If yes, give work dotes of service) \$14-09-7633 M	rs Daisy M. Polsgrove 72 East	Ave
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	rs Daisy M. Polsgrove 72 East Hagerstown Md.	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Caron nome of	_ ON	O months
153.8 Due to	1	.o monens
Conditions, if any, which)		
gove rise to immediate DUE TO		
tring cours lock		
, (4)	NOT BELLTED TO THE TENNING DISTANCE COMPLETION OWEN IN DATE OF	10 MAS AUTORS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	PERFORMED?
Colostomy performed Nov		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT COLOSTOMY PERFORMED NOV 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CONT	D. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 While Not while of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County	(State)
Hour a.m. While Not while for work of work	ctory, street, office bldg., etc.)	
27	FO G+ 0 FO	
21. I certify that I attended the deceased from Nov. 4	grant,	aw the decease
alive an Sept . 87 , 1959 , and that death	accurred at $6:30\mathrm{PM}$, from the causes and an the do	ate stated above
THE STATE OF THE S	ADDRESS (Street, city or town, state)	DATE SIGNE
ACTUAL SIGNATURE SIGNATURE	M.D. 119 North Potomac St., 9-	9 -5 9
PHYSICIAN'S R.A.Bell, M.D.	Hagerstown, Maryland.	~~~
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
Burial 9/11/59 Rose Hill	Cemetery Hagerstown Wash Co) Ma
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATU	JRE
	DATE SEP 1 4 '59 arthur & the	
andrew K. Coffman Hagerstown Md	DAIE WATER TO THE TOTAL	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10738

CERTIFICATE OF DEATH 10747 Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATE
b. COUNTY
WASh. o. COUNTY Washington MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give peorest town)
Hagerstown Hagerstown 54 vears d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Randolph Ave. 31 Randolph Ave. YES NO T NAME OF 4. DATE Middle Rudisill Sept. Year 59 DECEASED Lvdia Miner (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR5. B. DATE OF BIRTH 6 (dirthdoy) Months Sept. 7, 1882 white Days female WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Smithsburg. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah Bowman John Miner INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO George A. Rudisill, Hagerstown, Md. none no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO arbtic Hozrt Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

20c. TIME OF INJURY Month, Doy, Year

20d. INJURY OCCURRED While Not while

foctory, street, office bldg., etc.)

20e. PLACE OF INJURY (Home, form, 20f. (City or town)

(County)

(Stote)

Hour o. m ot work ot work 193 7, that I last saw the deceased 21. I certify that I attended the deceased fram. alive an S& and that death occurred at 310A

ACTUAL

DATE THEREOF

ADDRESS (Street, city or town, stote)

27d. LOCATION (City, town, or county)

Hagerstown, Md.

(Stote)

22c. NAME OF CEMETERY OR CREMATORY Haven Cemetery Rest Minnich & Son, Hagerstown, Md.

24a. REC'D BY REGISTRAR '59

24b. REGISTRAR'S SIGNATURE Circher & Krank

M. fram the causes and an the date stated above.

23. FUNERAL DIRECTOR'S SIGNATURE

PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION.

page 0 V5 A15 (4) 15M 9/58

FR. TU.		HISTORY TO THE		10747	
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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay restarry, please execute the ficate, writing the word "pending" in pencil in them, 18. Give Pages 1, 2, and 3 ta the funes. Rectar. Page 4 shauld be swarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Bapel and the control or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

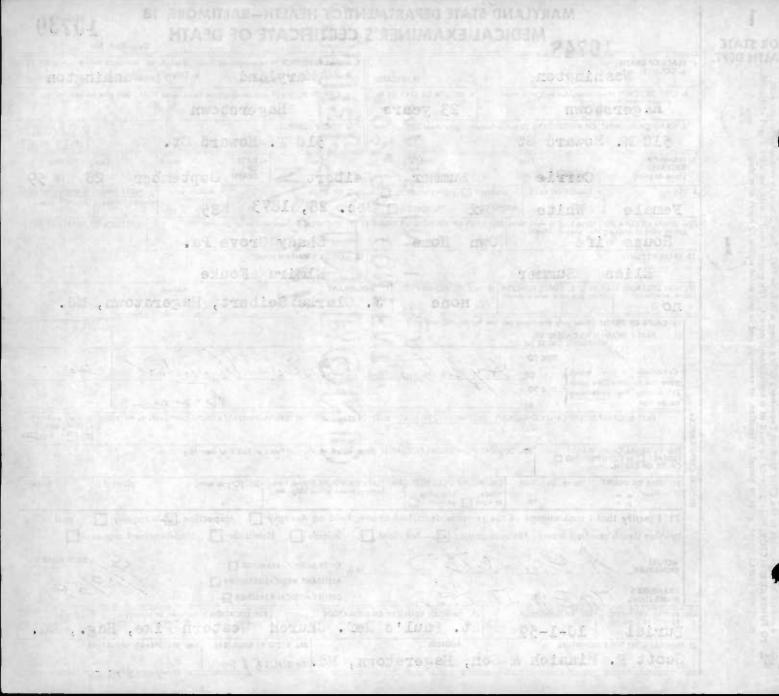
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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ___ MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	10145						vea. nisi	. 140.	
1. PLACE OF DEAT o. COUNTY			MARYLAND	a. STATE Mary.		ed lived. If institu b. COUNT		hingt	
b. CITY OR TOW	N (If outside corporate limits, write tawn) PST OWN	e RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corp		RURAL ond g	ive necrest to	own)
	. Howard S		pitol, give street oddress)	dustreet Address 518 W	. How	ard St.		ON	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Carrie	st	Middle Summer S	Seibert	4. DATE OF DEATH	Septem			Year 19 59
5. SEX Female		7. MARRIE		DATE OF BIRTH	73	9. AGE (In years lost birthday) 85 yrs.	Months Do	YEAR IF UNI	DER 24 HRS. Min.
House	Wile	done 10b. K	n Home	Snady	Grove	e Pa.	12. CITIZE	N OF WHA	COUNTRY
13. FATHER'S NAM				14. MOTHER'S MAIDEN I		alma			
El1	SEVER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17. IF	Elmire Elmire	a For	Address			
IYes, no, er unknown)	[If yes, give war ar dates of		none J	mm 2 m	eiber			n, Md	•
PART I. 443 Conditions, igove rise to in	DEATH [Enter only one can DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO If only, which Immediate cause) (b) DUE TO DUE TO DUE TO DUE TO DUE TO		14	Cardi	- 6	Sendo	W	ONSET AND DE	ATH
couse last.	(c		NTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERM	INAL DISEASI	E CONDITION GIV	/EN IN PART I	(o) 19. WAS PERFO	AUTOPSY ORMED?
	CONTRIBUTING [b. DESCRIBE	HOW INJURY OCCURRED. (E	nter noture of injury in Par	t I or Port II	of item 18.)			
20c. TIME OF I		While		CE OF INJURY (Home, form ory, street, office bldg., etc		or town)	(Count	у)	(Stote)
			emoins described abo auses Accident [Hamicide	nspection 4 , Undete	' '	anner 🔲	nd in my
EXAMINER'S NAME (Type)	TITEW	DI	TIE	ASSISTANT MEDICAL		_	1/4	9/33	>
220. BURIAL, CREA REMOVAL (Spe Burial 23. FUNERAL DIREC	10-1-5	100	22c. NAME OF CEMETERY OR St. Paul's I	Ref. Church		Stern P			
		& So	n, Hagerstov				they &		



MEDICAL DEPUTY MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10740 Rea, Dist. No

Franklin

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Days

U.S.A.

(County)

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES 🔲

, and find that

DATE SIGNED

(State)

NO PI

(State)

e. IS RESIDENCE ON A FARM?

YES NO

Year

IF UNDER 24 HRS.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 10749

Reg. Dist. No. 10741

1						
)	1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who	ere deceosed lived. If in b. CO	nstitution: Residence	before admission)
	b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town)	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, w		
	Hagerstown	3 weeks	03 Hagerst	own Md.		
,	d. NAME OF HOSPITAL (If not in hospital, give s OR INSTITUTION	treet oddress)	d. STREET ADDRESS	a .		IS RESIDENCE ON A FARM?
	Washington County "	ospital	413 Ross			YES NO X
	3. NAME OF First DECEASED	Middle	Lost	4. DATE OF	Month	Day Yeor
	(Type or print) Silas 5. SEX 6. COLOR OR RACE 7.	Thomas MARRIED NEVER MARRIED	Shank B. DATE OF BIRTH	9. AGE (In	Sept.	12 19 59 YEAR IF UNDER 24 HRS.
	7.0 -	DOWED DIVORCED		888 71	doy) Months E	Days Hours Min.
	10g USUAL OCCUPATION (Give kind of week done				yrs. 12. CITIZ	EN OF WHAT COUNTRY?
	Ret d Foreman	Silk Mill	-	a		U.S.A
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN N.			
)	Thomas Shank		Annabel	le Batema	n	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes., no. or unknown) (If yes, give yer or dates of service)		NFORMANT	413	Hoss St	-
	(14 yes, give yer or dates of service)	165 10 9851 M	rs. Helen Sh	2020	erstown	Ma.
	18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY:	per line for (o). (b), and (c).]	and	1)		INTERVAL BETWEEN
	IMMEDIATE CAUSE (o)	cere on as	spor	Keny 4	1	(hay
	334 N DUE TO		11	1		V
	Conditions, if any, which gove rise to immediate DUE TO		(1-(1-			1
	couse (o), stoling the under- lying couse lost.		4 0	V		
		ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITIO	N GIVEN IN PART	1(o) 19. WAS AUTOPSY
)	PART II. OTHER SIGNIFICANT CONDITION					PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Po	ort I or Port II of item 1	8.)	
			ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(Co	ounty) (Stole)
	Hour o. m. 19 0	Vhile Not while twork of work	clory, sireer, office blog., etc.)	1//	0	
	21. I certify that I attended the dec	ceased from	7, 19 to 7	12/5,19	that I lo	ist saw the deceased
	alive on	19 , and that death	occurred at 5.36			date stated above.
	ACTUAL CONSTITUTION	t Chino	(1,-(1))	DDRESS Street, city or	town/stote)	DATE SIGNED
,	SIGNATURE CONTINUE TO THE SIGNATURE	- Joung	M.D. JULKE	MILITAR	II Med	711415
/	PHYSICIAN'S NAME (Type)	1				11'11'1
	220. BURIAL, CREMATION 22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City, t	own, or county)	(Stote)
	Burial Sept. 16-	-59 Greenlawn (Williams:		LAYLING
	23. FUNERAL DIRECTOR'S SIGNATURE	AUUKESS		8Y REGISTRAR 246.	Collug &	
	JAMON J. WILLIAM	ALL IN MAN M	DATE S	EI 13 00	C7700001 2	

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Rest Haven Funeral Chapel Inc. Hagerstown, Md.

C. Storst

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Washington c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) . IS RESIDENCE ON A FARM? YES NOT Manth Day Year Sept. 19 59 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months 12. CITIZEN OF WHAT COUNTRY? USA Mrs.J.F. Shilling 604 Summit Abe. Hagerstown, Md. ONSET AND DEATH PERFORMED? YES NO (State) (County) that I last saw the deceased and that death occurred at 155PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) 115 King St. Hagerstown, Md. 22d. LOCATION (City, tawn, or county) (State) Hagerstown Md. 24b. REGISTRAR'S SIGNATURE

arthur & Kraus

DATE SEP 1 4 '59

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	Ide Day		Joseph H. Hall 1	
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	distribution of the contract o	and never term	Charle Then	

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

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PERFORMED? YES NO

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Wash

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SEP 2 5 '59

(State)

Md.

DATE SIGNED

(State)

director, iled with PLACE OF DEATH filed a. COUNTY b. CITY OR TOWN (If autside carparate limits, write pe RURAL and give nearest tawn) shauld d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION by 12 ond NAME OF DECEASED (Type ar print) 5. SEX DIVORCED | WIDOWED X yrs. UNE 12 USUAL OCCUPATION (Give kind at work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most af warking life, even if retired) NADLEVILLE

14. MOTHER'S MAIDEN NAME OHOP WASH CO. MD. U.S.A pon after 13. FATHER'S NAME S emove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. MAPLEVILLE MD. MRS. ELMER SEEDEIL NONE 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO any Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) Undressing to go to bed, lost balance & fell (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Nat whiles OHaur Conv. street, affice bldg., etc.) 4. X.X While Hagerstown 21 at wark at wark 21. I certify that I attended the deceased fram ach ta 19 7 that I last saw the deceased alive an and that death accurred at_/// M, fram the causes and an the date stated above. ADDRESS (Street, city ar tawn, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22a. BURIAL, CREMATION. 22d. LOCATION (City, tawn, ar caunty) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) he TAHRNEVS NR MAPLEVILLE WASH CO 23. FUNERAL DIRECTOR'S ADDRESS MAG. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

JOONSBOKO

MD.

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execund cannot be			during most of worki	ng life, even if	retired)	
ond bon		13.	FATHER'S NAME	MIFE		_
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tifica physic mave haurs			WAS DECEASED EVER			
e death certificate be executed attending physician ond carp n please remave corbon paper t within 72 haurs ofter death		{Yes	, no, or unknown) (II	yes, give wor or	dates of ser	vice)
death ittendi please within			18. CAUSE OF DEAT	H [Enter only	one cou	se p
of the d			PART I. DEAT	H WAS CAUSI	ED BY: AUSE (a)	
at the a Then event			260 X		DUE TO	
uires tha gned by permit. in any e			Canditions, if on		(b)_	
gne in o			gove rise to im		DUE TO	
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cian. ien si ansit		_	lying couse last.	,	(c)_	_
siclose Pee	-	ő	PART II. OTH	ER SIGNIFICAN	AT COND	ITIO
physician as been s ial-transit	0	CATION				
AN: The anding ilicate hite bur or rem		CERTIFIC	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF	DEATH	20b.
ath ath as ian,		3	20c. TIME OF INJURY	Month, D	oy, Year	20
G PHYSICI oital or after r this certif for use as I crematian,		MEDICAL	Hour o.m. p.m.		19	of
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OSPITAL y be reta JNERAL ge 3 shau registrar			NAME (Type)	1.4	1/1	_0
MOSPITAL may be retain FUNERAL DI page 3 shauld the registrar p		22a	BURIAL, CREMATION REMOVAL (Specify)	6	THEREOF	
O HOS may b O FUN page the re		-	BURIAL		23.1	93
VS A1S (4)		23.	FUNERAL DIRECTOR'S	SIGNATURE	1	1
15M 9/58	(Janua K.	1 4000	4	
	-	_				

	PLACE OF DEATH		2. USUAL RESIDENCE (WI			ence before admission)	Ī
,	LOUNTY WASHINGTON	MARYLAND	O. STATE MARYLA		WASHIN	C. TO AL	
-	o. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF				Ī
	RURAL and give nearest tawn) RURAL	34VEARS	X CHEWS	VILLE	Ruppi	*	
	d. NAME OF HOSPITAL (If not in hospital, give street of		d. STREET ADDRESS		Trollege	e. IS RESIDENCE	
	OR INSTITUTION	10 17. (=1)-	HAGE	ZATOWA	MARK	ON A FARA	
3.	NAME OF First	Middle	Last	4. DATE	Manth	Day Year	Ė
	(Type or print)	7	SHOOD	OF .	PTEMBIEK-		7
5. 5	EX 6. COLOR OR RACE 7. MARRI	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE	E (In years IF UNDE	ER 1 YEAR IF UNDER 24 I	-
1	EMALE WHITE WIDOWE	D DIVORCED	-JANBARU. 2 - 1	895 64	yrs. Months	Days Hours Mi	ir
10a	. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU			12. CI	ITIZEN OF WHAT COUNT	TI
1	during most of working life, even if retired)	WIN HAME	MAGIEVI	- MINCH	Garage	11.50	
	FATHER'S NAME	Ahvi Zibiate	14. MOTHER'S MAIDEN		· COLIVIU.	40:4	-
	Alana Mana Alana		MALALALLE	14/5			
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	INFORMANT	VVE	Address		-
	(If yes, give wor or dates of service)		allow to the same of the same			- 405	
	1101 - 12		DC-AR R.SH.	CON CH	EWSVILL		_
	18. CAUSE OF DEATH [Enter only one couse per lin	e for (a), (b), and (c).]	(71	, & 5		ONSET AND DEAT	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e oroy ary	1 trombos	ig/ Mor	ambreis	30 into	
	260 X DUE TO	Righelie	mellitu	0/		16 400	p
	Canditions, if ony, which) (b)	terio (Sel	eretic 11-	eart		10 4,20	
	gove rise to immediate DUE TO		, ,		. , >		
	lying couse last. (c) Coc	lerio delle	oses (gon	er aly	ef.	11-400	
Z	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PA	ART 1(a) 19. WAS AUTO	
ZATI				4		YES NO	
TIFIC	200. ACCIDENT WAS UNDERLYING 20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port 1 or Part II of i	tem 18.)		Ī
CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
SAL	l	JURY OCCURRED 20e. P	LACE OF INJURY (Home, form	n, 20f. (City ar taw	rn)	(County) (Si	to
MEDI	Hour o.m. While	1401 MIIIIE	actory, street, affice bldg., etc	1.)			
Z	p. m.	6 :-		//	-		-
	21. I certify that I attended the decease	ed from segot 1	0, 19.5 7, to 1	Rys 19	_, 1957, that I	lost saw the decec	>5
	olive on 19 19 19 19 1	, and that deat	n occurred of 1030				
	2 2	11		ADDRESS (Street, ci	ty or town, stote)	DATE SIG	1
	SIGNATURE / /	5thly	M.D. S. smith	Surg !	md	1/17/5	1
	PHYSICIAN'S			1	' /		-
	NAME (Type) GA	LER		A			_
22a	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (C	City, town, or county	(Stote)	
	BURIAL SEPT. 23.1959	ROSE HILL	CEMETERY	HAGER	STOWN	MARW AND	
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 FC	D BY PEGISTRAP	24b. REGISTRAR'S	SIGNATURE	Ī
_	Malen 1. 1800st 12	00015120120	DATE SI	EP 25 '59	Curing 2	M / WANNE	

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DATE

Reg. Dist. No.

Washington

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

Md RFD

(County)

arthur & Through

INTERVAL BETWEEN ONSET AND DEATH

UNKNOWN

PERFORMED?

SEPT. 8, 1959

(State)

(State)

S.

e. IS RESIDENCE

ON A FARM?

Year

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		1077		CERT	IFIC.	ATE OF DEATH			Reg. Dist.	. No.	
1.	PLACE OF DEATH a. COUNTY WAS	HINGTON		MAR	YLAND	2. USUAL RESIDENCE (Who o. STATE MARYLAN)		ived. If institution b. COUNTY		before ad	
	RURAL and give ne			c. LENGTH OF STA		c. CITY OR TOWN (If ou				-	lown)
	d. NAME OF HOSPITA	NR. CLEAR	give street	oddress)	10.0	d. STREET ADDRESS	CLEA	AR SPRI	NG, I	0	RESIDENCE
3.	FAIRVI.			DENCE		FAIRVI	1			YES	M NO [
3.	DECEASED	MARY	rst	MARTI		SHUPP	4. DATE OF DEATH	SEPT.		Day	Year 1959
5.	SEX	6. COLOR OR RACE	7. MARR	IED F NEVER MARE		B. DATE OF BIRTH		AGE (In years	FUNDER 1	YEAR IF U	NDER 24 HRS.
	FEMALE	WHITE	WIDOWE	W-	_	APRIL 25, 18	890	last birthday) 69 yrs.	Months D	Days Ho	urs Min.
10	a. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (State of	or foreign cour	ntry)	12.CITIZE	EN OF WHA	AT COUNTRY?
L	HOUSE I			HOME DU	TES	FOUR LOCI).	U	S.A.	
13	. FATHER'S NAME					14. MOTHER'S MAIDEN N		Dr. 19715			
15	SAMUEL . WAS DECEASED EVER	H. FERNS		SOCIAL SECURITY N	0 1	MARY ELI:	ZA BRI	EWER Addre	55		MD
(Y		If yes, give wor or dates of	service)	IONE		LVEY J. SHU	pp	ROUTE :		LEAR	SPRIN
F		TH [Enter only one co				BUBL O. BIIO		100012	., 0.	INTERVA	BETWEEN
5	PART I. DEAT	TH WAS CAUSED BY:	Corona	ary artery occ	clusion	with myocardial	infarction			5 m	ND DEATH
	Conditions, if or gave rise to in couse (o), stating t	DUE TO	Arte	eriosclerotic l						unkno	оwп
7	lying couse lost.) (c)								A ALITO DOM
FICATION	PART II. OTH	ER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE (CONDITION GIVE	N IN PART	PE	RFORMED?
CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY	OCCURRE	D. (Enter noture of injury in P	art I or Port II	l of item 1B.)			
MEDICAL		Y Month, Doy, Ye	ar 20d. It While of worl	Not while of work	20e. PL for	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City o	r town)	(Co	ounty)	(State)
	21. I certify the	at I attended the	decease	ed fram Sept.	25,	, 19 59 , ta Se	ptember	25 , 19 ⁵⁹ ,tl	hat I last	t saw the	e deceased
						accurred at 9:40 P			an the	date sta	
	PHYSICIAN'S NAME (Type)	Archie Robert	Cohen,	M.D.		Clear Spring, M	aryland	. <u> </u>	Septem	ber 27	, 1959
22	REMOVAL (Specify)	N. 22b. DATE THEREC	OF C	22c. NAME OF CEA	METERY O	R CREMATORY	22d. LOCATIO	ON (City, town, or	county)	(State)
22	FUNERAL DIRECTOR	SEPT	8. 1	ADDRESS	PA	ULS CEM.	WASH BY REGISTRA	IT NGTON AR 24b. REGIST	RAR'S SIGN	TARY!	JAND
1	January +	. 1 10	人人	@ Va	XA	C.S. V. Jan SE	p 2 9 159	61.1	1 - 6 -	4	

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	by the haspital ar attending physician.	CIOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar.	be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with	the bound of many of the land of the former of the first doubt
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CEDTIEICATE OF DEATH 1

		53					Reg. Dist. No),	
1. PLA	CE OF DEATH COUNTY Washingto	on	MARYLAND	2. USUAL RESIDENCE (M a. STATE Maryl	2	lived. If institution b. COUNTY			on)
R	CITY OR TOWN (If autside carpo RURAL and give nearest town)	orate limits, write	5 davs	c. CITY OR TOWN (IF	11 (2000)		RAL and give ne	arest tawn	
d. N	agers town NAME OF HOSPITAL (If not in hi OR INSTITUTION Shing ton Gou		oddress)	d. STREET ADDRESS	rstowr h Pros		treet		DENCE FARM?
	pe or print) Cliffo	First rd Wade		lost Mons	4. DATE OF DEATH	Sep tem	h D	-/	eor 9 59
5. SEX	le whi	te widow	hard tool		3,	last birthday) 49 yrs.	Months Days	Haurs	Min.
du	ISUAL OCCUPATION (Give kind uring most of working life, even Truck drive	if retired)	KIND OF BUSINESS OR INDU	Swope A	gusta		U.		COUNTR
13. FAT	Harry A. S	immons		Elizabet		sman			
(Yes. no.	AS DECEASED EVER IN U. S. ARI	desires he semies	social security No. 17. 324-07-9313	Mrs. Margi	e Sim	mons Addre		•	
g co ly	PART I. DEATH WAS CAU: IMMEDIATE (420. I Conditions, if any, which gave rise to immediate (cause (a), stating the <u>under-</u> ying cause lost.	DUE TO (b) DUE TO (c)	Cormay	athero	orles	nts	<i>x</i>	<u> </u>	us
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ACCURATE A CONTRIBUTION OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
	atluturio Da. ACCIDENT WAS UNDERLYIN R CONTRIBUTING CAUSE OF	G DEATH 20b. DES	nt love to	le due to c	huni	center	time tribery	19. WAS A PERFO YES TO	RMED?
	atletoric Da. ACCIDENT WAS UNDERLYIN R CONTRIBUTING CAUSE OF FEITHER, NOTIFY MEDICAL EXA	G DEATH MINER) 20b. DES	CRIBE HOW INJURY OCCURRING NJURY OCCURRED NOT While 20e. Pi	le due to c	Port I or Port	e enfection of item 10.100	(County	PERFO YES T	NO [
WEDICAL 21	OC. ACCIDENT WAS UNDERLYIN R CONTRIBUTING CAUSE OF FEITHER, NOTIFY MEDICAL EXA C. TIME OF INJURY Month, I Hour a.m.	G DEATH MINER) 206. DES Day, Year 20d. I While at wal	NJURY OCCURRED Not while of work sed from 9-19	D. (Enter noture of injury in	Port I or Port m, 20f. (City de.) 2-2-4 PM, fram	L enfection 18.127 or town)	(County	PERFO YES (1)	(State
21 al	C. TIME OF INJURY Month, E. Hour o. m. p. m. 1. I certify that I attended	G DEATH MINER) 206. DES Day, Year 20d. I While at wal	NJURY OCCURRED Not while of work sed from 9-19	ACE OF INJURY (Home, for ctory, street, office bldg., et accurred at 7.40	m, 20f. (City c.) Port I or Port M, 20f. (City c.) PM, fram ADDRESS (Str.	ar town) 1959 the causes ar eet, city ar lown, s	(County ,that I last s and an the de	PERFO YES D	(Stole
21 al ACCION ACC	CTUAL GNATURE TOTAL T	G D 20b. DES DEATH MINER) DOY, Year 20d. I While 19 of wor	NJURY OCCURRED Not while of work sed from 9-19	ACE OF INJURY (Home, for ctory, street, office bldg., et accurred at 2.40. M.D. R CREMATORY	m, 20f. (City de.) — 2 4 PM, fram ADDRESS (Str.) 22d. LOCATI	L enfectil of item 18.144 ar tawn) 1959 the causes ar	(County that I last s and an the delete) ST r county)	PERFOYES (1) caw the cate state DA (State	(Stote

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10754	CERTIFICA	ATE OF DEATH	R	eg. Dist. No.
D. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE DAyher o. STATE	re deceased lived. If institutions b. COUNTY	Residence before admission) Franklin
b. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write RUR	AL and give nearest lown)
d. NAME OF HOS ITAL (If not in hospitol, give street of OR INSTITUTION	dress)	d. STREET ADDRESS	Mamson	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Middle 11/26 504	Shider	4. DATE Month OF DEATH Senteh	Day Year 29 1959
5. SEX 6. COLOR OR RACE 7. MARRIE Famale White WIDOWED	~ _	B. DATE OF BIRTH AUGUST 11, 12		UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.
10b. USUAL OCCUPATION (Give kind of work done 10b. Kl during most of working life, even in etired)	1 1 1 1 1 1	Frankli	i C. Fenna	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Willah T. Wil	1/20,504	14. MOTHER'S MAIDEN NA	Easton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (Yes, no. or unknown) (If yes, give wor or objets of service)	No he	M. B.C. So	Address Will	aim of
584 X DUE TO	lente back		erditis	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	fall le		Energy ama	7 merentan
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN	IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	BE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	ort 1 or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While of work	_ Not while fo	ACE OF INJURY 1Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the deceased alive on		accurred at 9 4 5 6	9->9, 19-17, t PM, from the causes and DDRESS (Street, city or town, sto	hat I last saw the deceased I an the date stated above te) DATE SIGNED
SIGNATURE JOLY JAMES PHYSICIAN'S Tolor II Harol	hobber		Washington St.,	9:30:59
NAME (Type) JOHN He HOITH			own, Md.	
BUHIOL 10/3/1959	White Chu	nel Cretary	2d. LOCATION (City, town, or c	lin 6. Ferra
23. FUNERAL DIRECTOR'S SICHAFURE	ADDRESS /	A PA DATE OCT	51,50	AR'S SIGNATURE
			· · · · · · · · · · · · · · · · · · ·	1 & Thomas

TO FUNERAL. CCTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay VS A1S (4) 1SM 9/5S

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	TE OF DEATH		,:	
	A CONTRACTOR		notice A	
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VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

10749

11/72	021111110		Reg. Dis	t. No.
1. PLACE OF DEATH a. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where decease Maryland	b. COUNTY a shir	e before odmission)
b. CITY OR TOWN (If autside carporate limits, wri RURAL and give nearest town) Chewsville	c. LENGTH OF STAY IN 16 3 years		orate limits, write RURAL and g	
d. NAME OF HOSPITAL (If nat in hospital, give str OR INSTITUTION	eet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Emma C. Stri	Middle ite Snyder	Lost 4. DATE OF DEATH	September	Day Year 26 19 59
77 7 1 1 1 1	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH March 15, 1883		
10a. USUAL OCCUPATION (Give kind of wark dane during mast of working life, even if retired) House Wife	Own Home	Leitersburg	Md.	ZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
John Strite				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown (If yes, give war or dates of service)	10.000		Address Chewsville I	Box 61
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. Part II, OTHER SIGNIFICANT CONDITION	Exterior les	CCURRED. (Enter nature of injury in Part I or Part II of item 18.) CCURRED. (Enter nature of injury in Part I or Part II of item 18.) CCURRED. (Enter nature of injury in Part I or Part II of item 18.) CCURRED. (Enter nature of injury in Part I or Part II of item 18.) CCURRED. (Enter nature of injury in Part I or Part II of item 18.) CCURRED. (Enter nature of injury in Part I or Part II of item 18.) CCURRED. (Enter nature of injury in Part I or Part II of item 18.) CCURRED. (Enter nature of injury in Part I or Part II of item 18.) CCURRED. (Enter nature of injury in Part I or Part II of item 18.) CCURRED. (Enter nature of injury in Part I or Part II of item 18.) CCURRED. (Enter nature of injury in Part I or Part II of item 18.) CCURRED. (Enter nature of injury in Part I or Part II of item 18.) CCURRED. (Enter nature of injury in Part I or Part II of item 18.) CCURRED. (Enter nature of injury in Part I or Part II of item 18.) CCURRED. (Enter nature of injury in Part I or Part II of item 18.) CCURRED. (Enter nature of injury in Part I or Part II of item 18.) CCURRED. (Enter nature of injury in Part I or Part II of item 18.) CCURRED. (Enter nature of injury in Part I or Part II of item 18.) CCURRED. (Enter nature of injury in Part I or Part II of item 18.) CCURRED. (Enter nature of injury in Part I or Part II of item 18.) CCURRED. (Enter nature of injury in Part I or Part II of item 18.) CCURRED. (Enter nature of injury in Part I or Part II of item 18.) CCURRED. (Enter nature of injury in Part I or Part II of item 18.) CCURRED. (Enter nature of injury in Part I or Part II of item 18.) CCURRED. (Enter nature of injury in Part I or Part II of item 18.) CCURRED. (Enter nature of injury in Part I or Part II of item 18.) CCURRED. (Enter nature of injury in Part I or Part II of item 18.)	years	
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	SESCRIBE HOW INJURY OCCURRE	D. (Enter halore at injury in run run ru	ir ir de nem 18.7	
Haur a.m. W			y ar tawn) (C	Caunty) (State
21. I certify that I attended the decorative an 25 341, 1	1	accurred at 6 M, fram	the causes and an the Street, city ar tawn, state)	
PHYSICIAN'S J. D. Milson		Hagersto	own ^M d.	
22a. BURIAL, CREMATION, BUTTLE 1 (22b. DATE THEREOF 9-29-59	Grenn Hill	417	TION (City, tawn, ar caunty) Thesboro Pa	(State)
23. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich & S	ADDRESS Son Smithsburg	24a. REC'D BY REGIS	1 '59 24b. REGISTRAR'S SIG	A 11

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TO HOSPITAL C. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours are designed to the control of th		TO FUNERAL TO ECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fu	page 3 shauld be detached far use as the burial-transit permit. Then please remave gathon papers. Pages 1 and 2 shauld	
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VS A15 (4) 15M 10/57

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CERTIFICATE OF DEATH 10773

10750 Reg. Dist. No.

	PLACE OF DEATH COUNTY Washi	ngton			MARYLAND	2. USUAL RES	fDENCE (Whe		lived. If institu		ce before	admissio	n)
	b. CITY OR TOWN (IF	rest town) ss	s, write	c. LENGTH OF					rate limits, write	RURAL ond	give neares	t town)	
	Smi thab			7 Yrs			ithsb	urg .	R # 2			6 3	
	d. NAME OF HOSPITA OR INSTITUTION I tnyre		ve street	oddress)		d. STREET		oad				ON A F	ARM?
	NAME OF DECEASED	Fire	1	М	iddle		ost	4. DATE	Mo	nth	Day	Ye	or
		GEORGE		OSWAL	D	SOWER	S	DEATH	Septer	nber	4 19	5919	
5. 5	SEX	6. COLOR OR RACE	7. MARR	IED NEVER M	ARRIED 🔲	8. DATE OF BIR	TH		9. AGE (In year last birthday)		1 YEAR IF	UNDER	24 HRS.
	Male	White	WIDOW	DIV	ORCED 🗌	Sept	23 18	94	64 yrs	. Months	Doys H	lours	Min.
10a	during most of worki	ng life, even if retired)	one 10b.	Auto	ESS OR INDU	STRY 11. BIRTHI	e Hal			2 4	US		OUNTRY?
13.	FATHER'S NAME					14. MOTHER	S MAIDEN NA	AME				7 - 11	
	Frank S	owers				I	da Ba	chte	11				
15. (Ye	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY		NFORMANT	dans			dress			
,	No		214.	-09-863	4 Mr	s Alic	e J.	Lyon	Smith	burg	Md	R #	2
	18. CAUSE OF DEAT	H [Enter only one co	se per lir	ne for (a). (b). one	d (c).]						INTERV	AL BETY	WEEN
	PART f. DEAT	H WAS CAUSED BY:	Ge:	neraliz	ed Ca	rcinom	atosi	s se	condary	to	per-	MOS	
	162.1	DUE TO	Bro	onchoge	nic C	arcino	ma.						
	Conditions, if on	y, which)											
	gave rise to im	mediale (
	couse (o), stating the lying couse lost.	(c)											
Z	PART II. OTHI	R SIGNIFICANT CON	OITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERMIN	IAL DISEAS	E CONDITION G	VEN IN PAR	T 1(a) 19.	WAS AL	JTOPSY
ATIC				Non			2 8 3					PERFORI	MED?
TIFIC	20a. ACCIDENT WAS	UNDERLYING [20b. DESC	RIBE HOW INJU		D. (Enter noture	of injury in Po	ort I or Pari	t II of item 18.)				140 154
GE	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	AEDICAL EXAMINER)											
MEDICAL CERTIFICATION	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	v 20d. It While of worl	Not while at work		ACE OF INJURY ctory, street, officers	(Home, form, ce bldg., etc.)	20f. (City	or town)	(1	County)		(State)
	21. I certify the	it I attended the	decease	ed from AP	ril l	2, 195	9 to Se	pt.	4, 19	9that I	last saw	the d	leceased
		igust/20,	., 19		that death	accurred a	5:30	Aw, fran	n the causes	and an t	he date	stated	abave.
		19/18	15						reel, city or lawr			DAT	E SIGNED
	SIGNATURE	May	1			M.D. 119	Nort.	h Pot	tomac S	t.	9-	5-5	9
	PHYSICIAN'S NAME (Type)	R.A.Bel	1, N	M.D.		Hag	ersto	wn, l	Marylar	id.			
220	BURIAL, CREMATION	, 22b. DATE THEREO		22c. NAME OF	CEMETERY O	R CREMATORY		22d. LOCAT	ION (City, town,	or county)		Ber	nna
	Burial (Specify)	9/6/59	-91	Grind	Stone	Hill			Chambe		g Wa	sh	Co.
4	FUNERAL DIRECTOR'S			ADDRESS	LES .		24a. REC'D	BY REGIST	RAR 24b. REC	ISTRAR'S SIG	SNATURE		
Ar	ndrew K.	Coffman :	Hage	rstown	Md.		DATESEP	8 '5	9 0	12.0 8	4.		

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VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE	, 18
10755	CERTIFICATE	OF DEATH	R

10751 Reg. Dist. No. 302

1. PLACE OF DEA	ashington		MAR	YLAND	2. USUAL RESID a. STATE Mary]		ere decease	d lived. If in b. Co.	UNTY		ice befar	e admiss	ion)
b. CITY OR TO	OWN (If autside carporate limits, give nearest town)	write c.	LENGTH OF STAY	IN 16	c. CITY OR TO	OWN (If a	utside corpo				give nea	rest tawr	1)
Hager	stown		4 Yrs		03 Hag	erst	cown						
d. NAME OF I	HOSPITAL (If not in haspital, giv	e street add	ress)		d. STREET AC	DORESS			100	100		e. IS RES	IDENCE
1202	Hamilton Bl	vd			/1202	Hami	1 ton	Blvd	1			YES [FARM?
3. NAME OF DECEASED	First		Middle		Last		4. DATE		Manth		Day	y	Year
(Type or print)	JEANETTE	H	ELLER	S	WERS		DEATH		pte	mbe	r 8		19 89
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARR	IED 🔲 8	DATE OF BIRTH			9. AGE (In last birth	years I	FUNDER	1 YEAR	IF UND	ER 24 HRS.
Female	77111 00	WIDOWED [Dec 23			95	yrs.	Montes	Days	Haurs	Min.
10a. USUAL OCC	UPATION (Give kind of work do of working life, even if retired)	ine 10b. KIN	D OF BUSINESS	OR INDUS	RY 11. BIRTHPLA	CE (Stote	ar fareign a	country) M	d.	12. CI			COUNTRY
Housev		25	Own Ho	ome	Clear	spri	ng W	ash C	0		US	A	
13. FATHER'S NA	ME				14. MOTHER'S								
	Li Heller					y Kr	eps						
(Yes no, or unknown)	EDEVER IN U. S. ARMED FORCE		CIAL SECURITY NO		FORMANT				Addres				
No -			one	Mrs	Aline				Ham	ilt	on I	Blvc	1
	OF DEATH [Enter only one cour			,	Hage	rsto	wn M	d.			INTE	RVAL 8E	TWEEN
PART	I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)_	Vent	tricular	Fibr	illation						mi	inute	es
1420	DUE TO	Arte	riosclei	rotic	Heart I	Disea	se			390	In	defi	nite
	s, if any, which) (b)_	Gene	eralized	arte:	rioscle	cosis	wit	h cere	brt	al	In	defi	nite
	to immediate DUE TO				pascula	ar ac	ciden	it					
lying cause		<u> </u>											
Z PART	II. OTHER SIGNIFICANT CONDI	ITIONS CON	TRIBUTING TO DE	ATH BUT I	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITIO	N GIVE	N IN PAR	₹T 1(a) 19	9. WAS	AUTOPSY ORMED?
CAT	Cataract												№ Д
OR CONTRIB	NT WAS UNDERLYING 2 BUTING CAUSE OF DEATH IOTIFY MEDICAL EXAMINER)	Ob. DESCRIE	E HOW INJURY (OCCURRED	(Enter nature of	injury in F	Part I or Par	rt II of item 1	0.)				
	INJURY Month, Day, Year			20e. PLA	CE OF INJURY (H	lome, form	, 20f. (Cit	y or tawn)		((County)		(State)
Hour .	о. m. р. m.	While at work [Nat_while	+	ory, street, office	biog., eic.							-
21. I certi	ify that I attended the o	deceased	from		1952	to Se	ptem	ber 19	59	that I	last so	w the	decease
alive on	G 1 1	79 59	, and that	t death	occurred at	5:45	PM. from	m the cou	ses or	d on t	he do	te state	ed abave
	-	4	11	1			ADDRESS (S	treet, city or	town, st	late)			ATE SIGNE
ACTUAL SIGNATURE_	Tearl	4.1	lead	L.	318	N. P	otomac	St.			9	9.50	9
PHYSICIAN'S NAME (Type	Robert F. Kes	adle, l					own, l						
	MATION, 226. DATE THEREOF	2	c. NAME OF CEN	AETERY OR	CREMATORY		22d. LOCA	TION (City, t	awn, ar	caunty)		(Stat	le)
Burial	9/10/59	S	t Pauls	Cen	eterv	ne	ar C	Lears	ori	ng I	Na er	1 - Co	Md
	ECTOR'S SIGNATURE		ADDRESS			24a. REC'I	BY REGIS	TRAR 24b.	REGIST	RAR'S SI	GNATUR	iE.	
Andrew	K. Coffman	Hage	retown	Ma		DATESER	1 4 '5	9	17 11	- 0.	4		

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IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

(County)

24b. REGISTRAR'S SIGNATURE

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240. REC'D BY REGISTRAR

PERFORMED? NO Z

(State)

and in my

DATE SIGNED

(State)

ON A FARM? YES NO M

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23. FUNERAL DIRECTOR'S SIGNATURE

MINION EXAMINERS DESTINOATE OF DEATH **为**的人员 是是,这位 别的现在分词到10位 表表明的最近 医多类的 Della Salada La Vie S. Cer. Per

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VS A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10756

CERTIFICATE OF DEATH

10752

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Washington o. sMaryland b. COUNTY Washington MARYLAND b. CITY OR TOWN (If autside carparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Hagerstown Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS ON A FARM? OR INSTITUTION 221 Frederick St. 221 Frederick St YES NO T NAME OF Middle Month Yeor DECEASED DEATH Sept. 12 (Type or print) Thelma Stouffer 59 Mildred 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months White Female WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) U. S. A. House Wife Hagerstown Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ida May Andrews Willoam H. Bowers 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO INFORMANT Address Fred Stouffer Hagerstown Md -18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN Cerebral thrombosis PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Indefinite Arteriosclerotic myocardttis Canditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Hepatomegaly, cause undetermined but likely due to (2) above YES NO Z 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (State) (County) White - Not while - at work at work - factory, street, office-bldg, etc.) 21. I certify that I attended the deceased from on day and after death September 12hall 159 saw the deceased 5' to 6 years ago 10 and that death accurred at 4:00 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL 318 N. Potomac St. PHYSICIAN'S Hagerstown Md. NAME (Type) 22d. LOCATION (City, tawn, or county) 22a. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY (State) Rose Hill Cemetery Hagerstown ADDRESS 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR F. Minnich & Son DATE SEP 1 6 '59 Hagerstown arihun & Krans

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 and campletely filled in by the funeral ban papers. Pages 1 and 2 shauld be f

CEDTIEICATE OF DEATH

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	10/5	1	CERTIF	CAI	L OF DEAT			Reg. D	ist. No.		
1. PLACE OF DEATH o. COUNTY	Washington		MARYLA		o. STATE Maryle		d lived. If institut b. COUNTY		nce befor		iian)
RURAL ond give	(If autside corporate limi nearest town) erstown	ts, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (IF		orate limits, write l	RURAL and	give nec	arest town	n)
OR INSTITUTION	ITAL (If not in hospital, g		oddress)		d. STREET ADDRESS	lilber	t Ave.				FARM?
3. NAME OF DECEASED (Type or print)	ELLIOT	st	HAMMOCK		TURNER SR.	4. DATE OF DEATH	Ser		Do 4	,	Year 19 59
5. SEX Male	6. COLOR OR RACE White	7. MARR	DIVORCED		Feb.7,1898	3	9. AGE (In years last birthday) 61 yrs.	Months Months	R 1 YEAR Days	Hours	ER 24 HRS. Min.
Ma chi	rking life, even if retired		M.R.R.		Shepherda	stown,		12. CI1	USA	WHAT	COUNTRY?
13. FATHER'S NAME	1. 75 m			1	4. MOTHER'S MAIDEN						
	Seph D.Turne FER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO. 05-10-4683		Emma C. RMANT ot H.Turner		Add			town	,Md.
PART I. DE	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	1)	zer	ic can	cuic	line	T	INTE	ERVAL 8E	DEATH
Conditions, if gave rise to cause (o), stoting lying cause last	immediate DUE TO)	severl	2	ne fast a	esu.			3	2 a	ich.
PART II. OT	THER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	I BUT NO	T RELATED TO THE TERM	AINAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(o) 1	PERFC	AUTOPSY ORMED?
	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	nter nature of injury in	Part 1 or Par	t II of item 18.)				
20c. TIME OF INJU Hour a. m. p. m.	10	While	NJURY OCCURRED 20 Not while at work		OF INJURY (Home, fari , street, office bldg., et		or tawn)		(County)		(State)
ACTUAL SIGNATURE	Polivar D	, 196) W	WIHOM	eath ac	, 1957, to Scurred at Sta	_M, fram ADDRESS (S	the causes ar	nd an th , state)	e date	v the destated	leceased dabove re signer
	ON, 226. DATE THEREO		22c. NAME OF CEMETE	DV OP C	Hagersto		TION (City, town,	or county)		(Stal	tal
REMOVAL (Specify Burial	9/7/59		Rest Haver		etery	Hage	erstown			M	d.
23. FUNERAL DIRECTO		honel	ADDRESS		and the same of th	D BY REGIST		ISTRAR'S S			
rest have	n Funeral C	maber	Inc. Hager	BLOW	n, Md. DATESE	cr 0 3	U.	vermed 7	/ Wall	A	

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may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician page 3 shauld be detached far use as the burial-transit permit. Then please removed the registrar priar to burial, crematian, ar remayal, and in any event within 72 Yours offer. TO HOSPITAL VS A15 (4) 15M 9/58

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau

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death: Page 4

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In 10 R. After this certificate has been signed by the attending physician and completely filled in by the funeral director, and be detached for use as the burial-transit permit. Then please tempore carbon papers. Pages 1 and 2 should be filed with prior to burial, crematian, or remaval, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

HOSPITAL	moy be reto	TO FUNERAL	page 3 shou	he registror
01 1			6 (4	-0

10759	CERTIFIC	ATE OF DEATH		Reg. Dist. No.	302
1. PLACE OF DEATH		2. USUAL RESIDENCE (Who		ion: Residence before	
Washington	MARYLAND	Maryland	Washing	ton	
b. CITY OR TOWN (If outside corporate limits, write	CE OF DEATH ONN'S Shington MARYLAND ITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b WALTY LEVEL (LENGTH OF STAY IN 1b) URAL ond give neorest lown) LAME OF HOSPITAL (If not in hospital, give street oddress) R INSTITUTION R INSTITUTION AE OF FIRST B. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH B. COLOR OR RACE 7. MARRIED DIVORCED S. DATE OF BIRTH B. COLOR OR RACE 7. MARRIED DIVORCED S. DATE OF BIRTH B. COLOR OR RACE 7. MARRIED DIVORCED S. DATE OF BIRTH B. DATE OF BIRTH B. DATE OF BIRTH WISHARI B. DATE OF BUSINESS OR INDUSTRY 11. BIRTHPLACE 12. MOTHER'S OR INDUSTRY 11. BIRTHPLACE 12. MOTHER'S OR INDUSTRY 13. MOTHER'S OR INDUSTRY 14. MOTHER'S OR INDUSTRY 15. BIRTHPLACE WISHARI B. DATE OF BIRTH B. DA	c. CITY OR TOWN (If or	utside corporate limits, write l	RURAL and give neare	est town)
	3 Days	03 Hager	stown		
d NAME OF HOSPITAL (If not in hospital, give street		d. STREET ADDRESS		e,	IS RESIDENCE
Wash countyospit	al	Hag Rescue	e Mission		YES NO
3. NAME OF First		Lost	4. DATE Mos	nth Day	Yeor
	LUTHER	WISHARD		30 1959	
Wash county respital Hag Rescue Mission ON A FARM? YES NOTE AME OF ECEASED SPECIAL PRINT OF DEATH Sept 30 1959 IN A FIRST SECULATION (Size kind of work done) In EVER MARRIED DIVORCED SEPT 7 1903 White WIDOWED DIVORCED SEPT 7 1903 USUAL OCCUPATION (Give kind of work done) In EVER MARRIED DIVORCED SEPT 7 1903 USUAL OCCUPATION (Give kind of work done) In EVER MARRIED DIVORCED SEPT 7 1903 White WIDOWED DIVORCED SEPT 7 1903 USUAL OCCUPATION (Give kind of work done) In EVER MARRIED DIVORCED SEPT 7 1903 White WIDOWED DIVORCED SEPT 7 1903 USUAL OCCUPATION (Give kind of work done) In EVER MARRIED DIVORCED SEPT 7 1903 Wash Co Ma USA ATHER'S NAME John I. Wishard Alice M. Trumpower VAS DECEASED EVER IN U. S. ARMED FORCES? I6. SOCIAL SECURITY NO. 17. INFORMANT OF OF WINDOWN) IN TRANSPORTED DIVORCED SEPT 7 1903 Address Address Address 216-22-1648 Glenn Wishard 746 W. Wash St					
		Sept 7 190		Months Doys	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b.				12. CITIZEN OF	WHAT COUNTRY
during most of working life, even if retired)				Ma IIS	Δ
13. FATHER'S NAME	Tropodo wilbb			1114 010,	D.
John T Wighard		A7400	M Tana was our	0.39	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14	SOCIAL SECURITY NO. 17.				
(Yes, no or unknown) (If yes, give war ar dates of service)					
					VAL BETWEEN
	ne for (o), (o), and (q.)	4	Jower and.	ONSE	T AND DEATH
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cause (a), stoting the under-					
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMIN	VAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19.	WAS AUTOPSY PERFORMED?
	- are	LW OU	en ry		YES NO
□ OR CONTRIBUTING □ CAUSE OF DEATH!	CRIBE HOW INJURY OCCURRI	D. (Enter nature of injury in P	ort 1 or Port 11 of item 18.)		
		ACE OF INJURY (Home, form, etory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
p. m. 19 of wor		116	0 - 19		
21. I certify that I attended the decease	ed from Syn/	2B 19 J 9 to	< 1/30/19 V	That I last say	the deceases
1 3 0	(/ //	- 1 . A	M from the course		
13/22	1, 00				DATE SIGNED
ACTUAL SIGNATURE	achty	410	morna	n /1/	fun
310101010	-00/11	.m.b.	A		150
PHYSICIAN'S NAME (Type)	eachile	Y	0		30/
	22c. NAME OF CEMETERY C	OR CREMATORY	22d LOCATION (City, town	or county)	(Chata)
#ARYLAND COUNT OF COUNTY STATE TO STATE THE PLANT OF STATE IN THE PLANT OF BUSINESS OR INDUSTRY IN BRITER'S NAME JOHN I. WISHARD LITTURE NAME LITTURE NAME LITTURE LI	(Store)				
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	the second second second		STRAR'S SIGNATURE	44
	la ceratown M	d DATE O	CT 5 2 '59 246. REGI	a transfer of the	

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DIRECTOR:

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VS A15 (4) 15M 10/57

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
10761	CERTIFICATE	OF	DEATH	R

10758 Reg. Dist. No. 302

1. PLACE OF DEATH o. COUNTY Washington MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland Washington								
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 3 Days				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown							
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Wash County TOSPITAL				d. STREET	d. STREET ADDRESS 343 So Potomac St					e. IS RESIDENCE ON A FARM? YES NO DOX	
3.	3. NAME OF First Middle DECEASED (Type or print) ADA LA MAR				YOUNG 4. DATE Month DO DEATH Sept 28 1959					Doy 59	Year 19	
5.	Female	6. COLOR OR RACE White	7. MARR	ED DI	MARRIED	8. DATE OF BIRT	тн 16 18		GE (In years ost birthdoy) 78 yrs.			NDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Own Home						USTRY 11. BIRTHPLACES TO FOR ROad USA						HAT COUNTRY?
						14. MOTHER		AME				
15. (Ye	WAS DECEASED EVER		rvicel			NFORMANT lter Y			Add		t	
	PART I. DEAT	TH [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Ac	ute Co	ngesti	Hag ve Hea ular f	rt Fa				ONSET A	L BETWEEN ND DEATH
	Conditions, if on gove rise to in couse (o), stoting t lying couse lost.	mediate (Ar	terios	clerot	ic Hea	rt Di	séase			3 у	ears.
		ER SIGNIFICANT CON				NOT RELATED TO		NAL DISEASE CO	INDITION GIV	EN IN PART 1	PE	AS AUTOPSY RFORMED?
	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJ	URY OCCURRE	D. (Enter nature o	of injury in Po	ort I or Port II o	f item 18.)			
	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yeo	While	Not while of work	for	ACE OF INJURY story, street, office	(Home, form, e bldg., etc.)	20f. (City or t	own)	(Co	unty)	(Stole)
	21. I certify the alive on Se	ot attended the pt . 27	decease _, 19_	od from No	that death	occurred at	7:30	pt. 28 Am, from th DORESS (Street, otomac	e causes of city or town,	and an the	date s	he deceased tated above. DATE SIGNED 30—59
	PHYSICIAN'S NAME (Type)	R.A.Bell					ersto	wn, Ma	rylan	d.		
220	BURIAL CREMATION REMOVAL (Specify) BUT181	9/30/5		ROSE T	F CEMETERY O	emeter		22d. LOCATION Hager	(City, town, ostown			Stote) Md
23.	andrew E	SIGNATURE Coffma	n Ha	address	own Md		24a. REC'D	BY REGISTRAR 2 '59		STRAR'S SIGN		

